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11

INTERNATIONAL
MONOGRAPH
SERIES

REPORT OF THE ASIAN MULTICITY EPIDEMIOLOGY WORK GROUP 1997

Pusat Penyelidikan Dadah dan Ubat-Ubatan
(Centre for Drug Research)
W.H.O. Research and Training Centre
Universiti Sains Malaysia
11800 USM Penang
MALAYSIA

REPORT OF THE ASIAN MULTICITY EPIDEMIOLOGY WORKGROUP 1997

Edited By :

V. NAVARATNAM

AEDAH ABU BAKAR

This program is supported primarily through grants from the Government of Malaysia, Drug Advisory Programme, Colombo Plan Bureau / Bureau of International Narcotics and Law Enforcement Affairs, Department of State, USA.

INTERNATIONAL MONOGRAPH SERIES NO.11

The city drug abuse indicator trends reports contained in this document are substantively the same as originally submitted by the authors. However, reports have been edited to enhance the presentation. The National Center for Drug Research (NCDR), USM acknowledges the contributions made by the members of the Asian Multi-City Epidemiology Work Group (AMCEWG) who have invested their own time and resources in preparing the reports presented at the meetings.

CENTER FOR DRUG RESEARCH
UNIVERSITI SAINS MALAYSIA
MINDEN, PULAU PINANG
MALAYSIA

ISBN NO: 967 - 9979 - 49 - 0

Printed by Sinaran Bros Sdn. Bhd.

ACKNOWLEDGMENT

The Asian Multi-City Epidemiology Program is organized and implemented by the Center for Drug Research, Universiti Sains Malaysia in conjunction with the National Institute on Drug Abuse (NIDA), USA.

The Program Management Team is particularly indebted to Y.A.B. Dato' Seri (Dr.) Mahathir Mohamad, Prime Minister and Chairman, National Council Against Drug Abuse for his interest and support for this program.

The Program Management Team is indebted to Y. Bhg. Dato' Professor Ishak Tambi Kechik, Vice Chancellor, Universiti Sains Malaysia (USM), Penang, Malaysia for his continuous support and interest in this program.

The Program Management Team expresses its sincere gratitude to its major sponsor – the Government of Malaysia and others such as the Drug Advisory Programme, Colombo Plan Bureau/ Bureau of International Narcotics and Law Enforcement Affairs, Department of State, USA.

We thank the participants from the various countries as well as their Governments for their support and participation of this program. Their contribution has made this program in Asia a success. We also extend special thanks to Mr. Nicholas Kozel, Associate Director, Division of Epidemiology and Prevention Research, NIDA.

Last but not least, we express our sincere appreciation to the support staff at the Center for Drug Research, USM for their tireless efforts to make this program a success.

CONTENTS

INTRODUCTION

The Asian Multi-City Epidemiology Study Program has entered its fifth year in 1997. The Asian Epidemiology Work Group (AEWG), now consisting of 23 cities has been established. A city based surveillance system has been developed in twelve cities. These cities are Bangkok, Thailand; Kuala Lumpur, Malaysia; Manila, Philippines; Hanoi, Vietnam; Yangon, Myanmar; Vientiane, Laos; Phnom Penh, Cambodia; Taipei, Taiwan; Colombo, Sri Lanka; Dhaka, Bangladesh; Islamabad, Pakistan and Istanbul, Turkey.

Two meetings were held in 1997. The first group meeting was held in Penang, Malaysia from 28 April – 3 May 1997, while the second was also held in Penang from 17 – 21 November, 1997.

During the meetings, participants reported on the problem of drug abuse in their cities/countries. The drug abuse indicator instrument for standardized reporting developed earlier was reviewed and modified.

Training sessions on drug abuse epidemiology, information and network development were conducted. Concepts on ethnography and its application in drug-related studies were also reviewed. Small group discussions were held during the meetings to identify a common research topic where the application of qualitative techniques for data collection can be carried out on a small scale by each participant. Participants had worked on these common areas decided by the group and the findings of these small studies were presented in the follow-up meeting within the year. Generally participants have found these small investigations very useful and the meetings provide a venue for further discussion and sharing of findings and first hand experiences in utilizing qualitative research methods. Interesting reports of these small studies have been produced by individual participants. The program has also published a collection of the findings of these small investigations.

This program has been carried out by the Center for Drug Research, Universiti Sains Malaysia in conjunction with the Division of Epidemiology and Prevention Research, National Institute on Drug Abuse, National Institute of Health, USA. The program has received financial support from the Government of Malaysia. Support for participants from South Asia was provided for one meeting by the Drug Advisory Programme, Colombo Plan Bureau, for funds made available by the Bureau of International Narcotics and Law Enforcement Affairs (INL), Department of State, USA. Technical support was provided by the Center for Drug Research, Universiti Sains Malaysia. Technical advice was also received from the Information Technology Section, United Nations International Drug Control Program (UNDCP) Vienna.

PART 1- Section One

EAST ASIAN COUNTRY REPORTS
(January - December 1996)

DRUG EPIDEMIC IN BANGKOK - 1996

Technical And Foreign Affair Division
Office Of The Narcotics Control Board
Bangkok, Thailand

INTRODUCTION

Bangkok suffers from seven drug epidemic problems continuously. The major drugs of abuse are heroin, marijuana, inhalant and in particular, methamphetamine, which has expanded rapidly. At the same time, new kinds of drug like cocaine, ecstasy and tranquilizer begin to find public favour among the youths. The change in types of drug use initiates the change of taking drug behaviour which differs from the previous day.

As a center of development in the country, Bangkok, is the main source of drug manufacture, drugs trafficking and smuggling in both export an import.

2. DATA SOURCES AND TIME PERIOD

Data in this paper is derived from the following sources:

- Narcotics Case Register, 1992 - 1996;
- Voluntary Treatment Register, 1992 - 1996;
- AIDS situation in Thailand, 1996 from the Ministry of Public Health;
- Communities survey on drug problems.

Some data is in the process of entering, but this report will not show the record by number but by percentage when compared to the previous years.

Note: All data were collected according to calendar year. Data from the first 2 sources in 1996 were not completed.

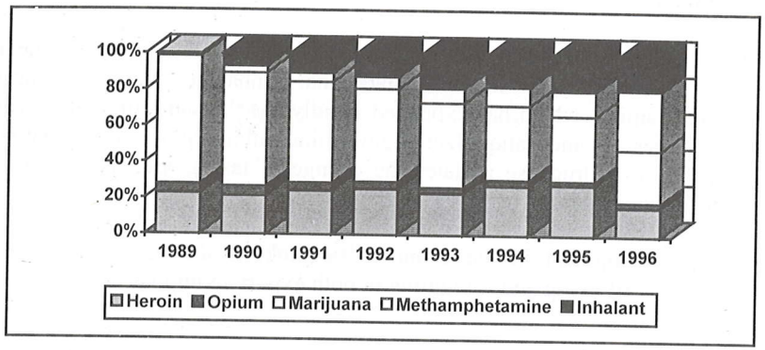
3. DRUG OFFENCE TRENDS IN BANGKOK

3.1 An Overview Of Drug Offences

As Thailand is situated in a strategic area of the drug problem, it encounters all dimensions of the problem such as productions, trafficking in both export and import, as well as epidemic of drugs abuse.

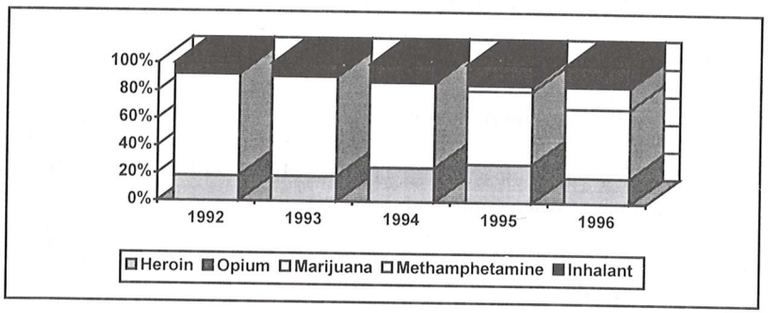
Five major drugs of abuse in Thailand are opium, heroin, marijuana, inhalants and methamphetamine. Marijuana epidemic seems to decrease significantly in 1996, while the proportion of opium and heroin abuse have decreased slightly from previous year. Inhalants and methamphetamine use tend to increase continuously each year. In 1996, the proportions of methamphetamine and inhalants abuse are the largest among other drugs **(Chart 1)**.

Chart 1: Percentage Of Heroin, Opium, Marijuana, Methamphetamine And Inhalant Offences In Thailand



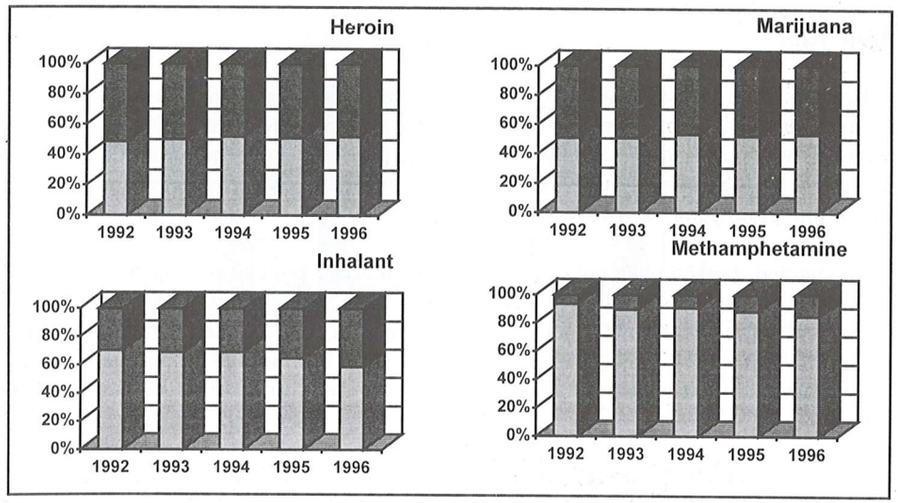
The problems of drug abuse in Bangkok are somewhat similar to the scenario of epidemic in the whole country. However, marijuana seems to be the main drug of abuse annually. Methamphetamine epidemic is increasing in 1996 **(Chart 2)**.

Chart 2: Percentage Of Heroin, Opium, Marijuana, Methamphetamine And Inhalant Offences In Bangkok



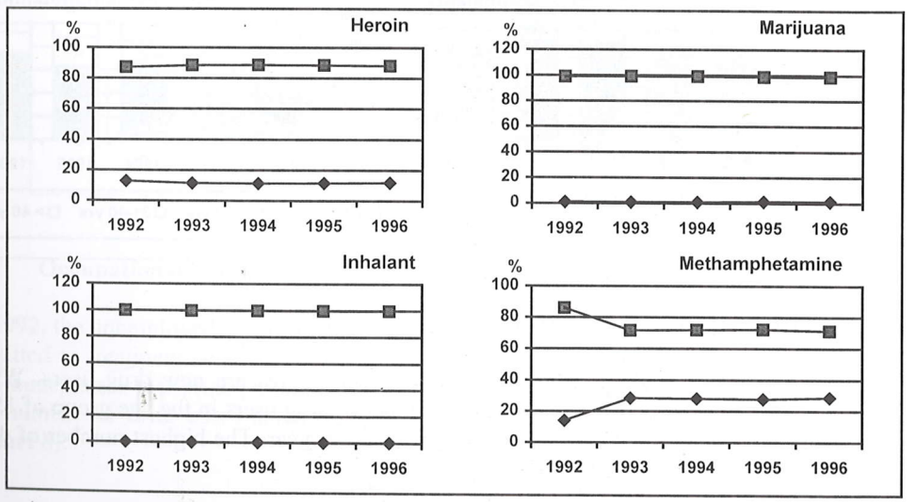
The rate of drug offences in Bangkok is the highest among other regions in the country. The number of new drug offenders as producers, dealers (drug trade) and users (drug epidemic) that increase sharply each year are the result of the growing drug problem. In Bangkok, new offenders make up about 50% of the total offenders each year. When classified by type of drugs, the numbers of new marijuana and heroin offenders are consistent, while that of methamphetamine and inhalants are increasing each year. Over 90% of methamphetamine related offences are new cases **(Chart 3)**.

Chart 3: Comparative Charts Showing Percentage Of New Drug Offenders Out Of All Offenders Arrested In Bangkok



When classified by types of offence (drug trade offences or drug epidemic), in the last 5 years, on the average, 50% of drug offences are epidemic cases. 99% of marijuana and volatile substances related cases were epidemic cases. The remainder was drug trade cases. Heroin and methamphetamine trade cases are higher than that of marijuana and volatile substances. The number of arrest cases related to methamphetamine is increasing each year, and the highest reported was that in 1996 **(Chart 4)**.

Chart4: Comparative Statistics Between Cases On Drug Trade And Drug Epidemic In Bangkok



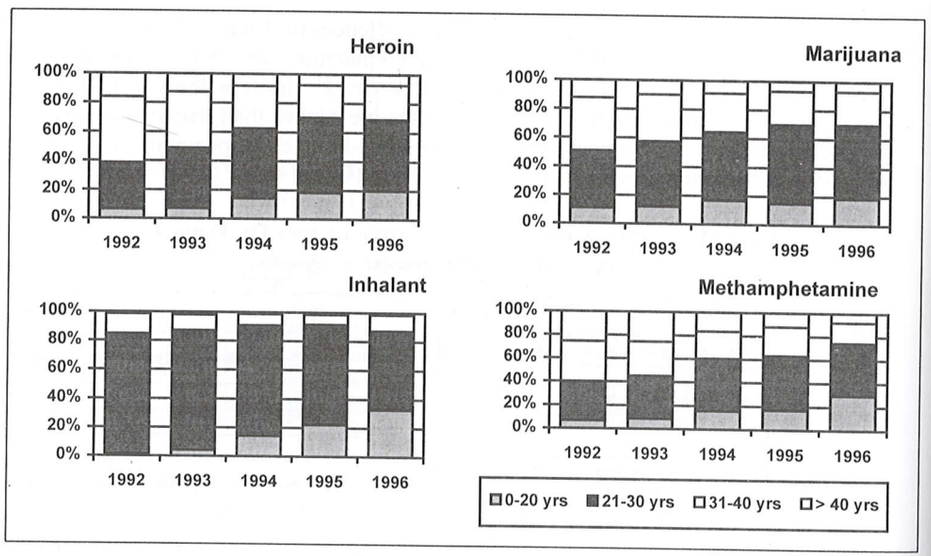
3.2 Ages Of Drug Offenders In Bangkok

50% of the total number of drug offenders are between the age of 21 and 30 years. The next age range group is between 31 and 40 years. This is a continuing phenomenon for many years.

When classified by types of drug, the number of heroin offenders below the age of 20 seems to increase sharply each year and the highest reported was in 1996. The age range group between 31 and 40 years was the largest group but reduced in 1996. The largest age group of marijuana users is between 31-40 years and the number of marijuana users in this age group tends to increase.

Inhalants and methamphetamine are new drugs that are popular among the youths. The number of inhalants and methamphetamine offenders under the age of 20 is increasing dramatically each year and the highest reported was in 1996. The age group between 21-30 years that used to be the main inhalant offenders has reduced in number. However, methamphetamine offenders in the same age group seem to increase in number **(Chart 5)**.

Chart 5: Arrest Of Drug Offenders In Bangkok Classified By Age

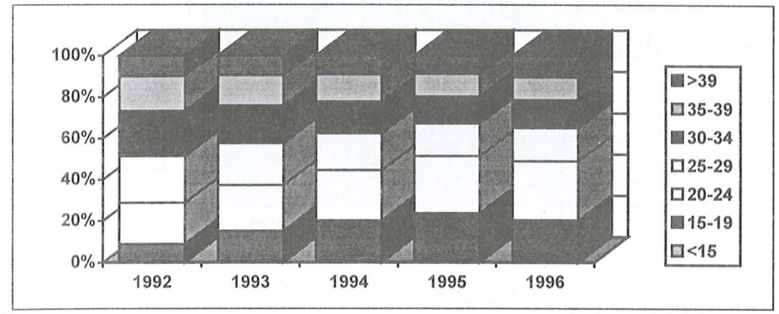


4. DRUG EPIDEMIC TRENDS IN BANGKOK

In Bangkok, 50% of the drug addicts in treatment centres are new drug users. When classified by age group, we found that the number of drug users in the age group of 15 to 24 years admitted to treatment centres increases every year. The highest number of drug users in this age group was recorded in 1996.

The number of drug users in the age group of 20 - 24 years that seeks treatment seems to increase. However, fewer addicts in the older age group seek treatment **(Chart 6)**.

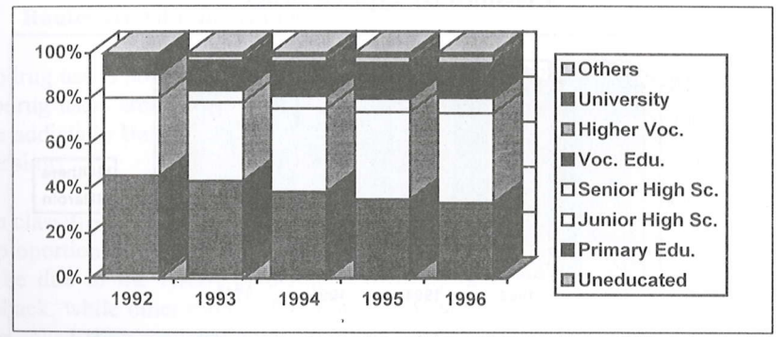
Chart 6: Percentage Of Drug Patients Residing In Bangkok Classified By Age Range



4.1 Education Background

99% of the drug users have formal education. Most of them are junior high school graduates. These numbers seem to increase each year, while the number of users with primary education tends to decrease **(Chart 7)**.

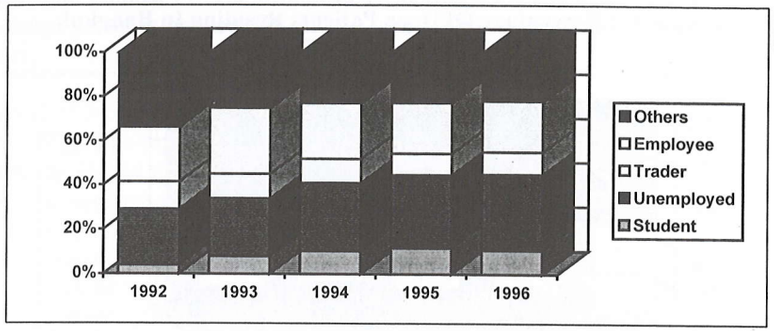
Chart 7: Percentage Of Drug Patients Residing In Bangkok Classified By Education Level



4.2 Occupational Status

In 1992, the unemployed, employees, students and traders made up 66% of the drug users admitted to treatment centres. This percentage increases to 77% in 1996. Unemployed and students are two principal groups that appear to rise continuously each year. Whilst, the number of drug users among traders and employees tend to decrease each year **(Chart 8)**.

Chart 8: Percentage Of Drug Patients Residing In Bangkok Classified By Profession

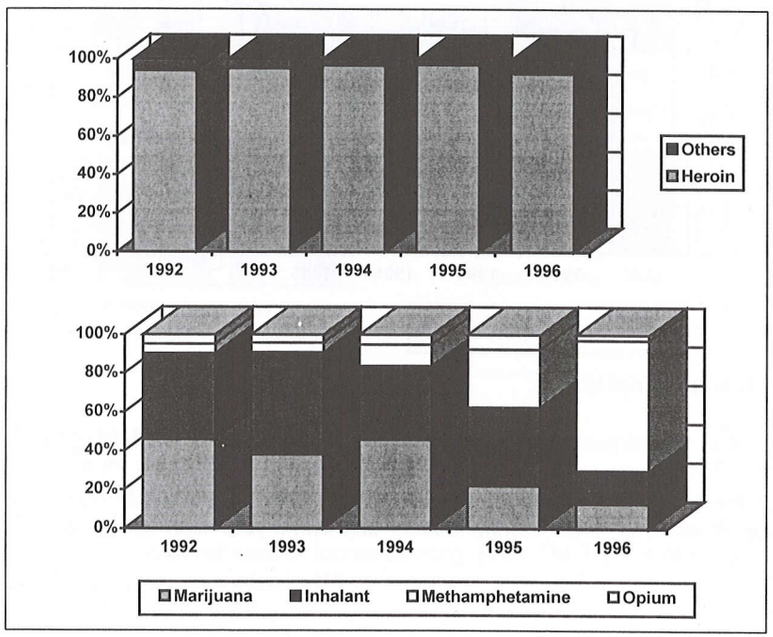


4.3 Types Of Drug Use

Heroin is still the most significant drug of abuse among the drug addicts in treatment centres. 90% of the addicts take heroin, however this percentage is decreasing.

The proportion of addicts taking methamphetamine is increasing each year and the highest recorded was in 1996. While the use of opium, marijuana and inhalants among the addicts are decreasing **(Chart 9)**.

Chart 9: Percentage Of Drug Patients Residing In Bangkok Classified By Type Of Drugs

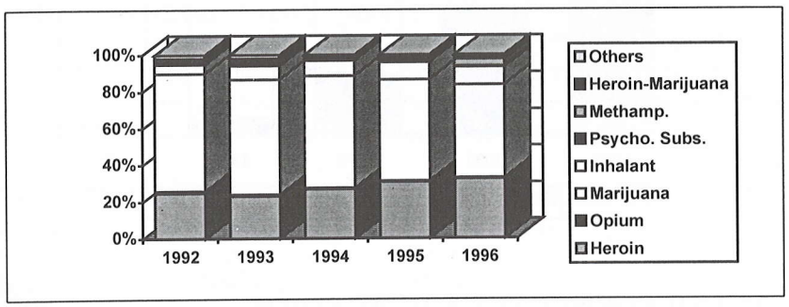


4.4 Types Of Drug First Used

In the past, marijuana was the first drug of abuse among the addicts, before changing to another type of drug. However, of late, only 50% of the addicts use marijuana as their first drug of abuse

The use of heroin, and inhalants as the first drug is increasing each year. For instance, in 1996, 32% of the addicts take heroin as their first drug of abuse. If this trend continues, heroin would be the preferred first drug of abuse followed by methamphetamine which showed dramatic increase in the last few years **(Chart 10)**.

Chart 10: Percentage Of Drug Patients Residing In Bangkok Classified By Type Of Drug First Used

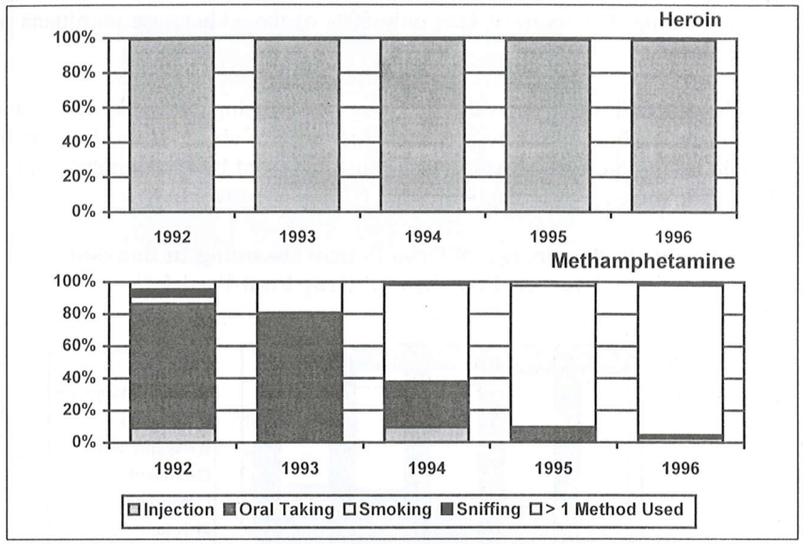


4.5 Routes Of Administration

Monodrug use is popular among the addicts in Bangkok. It is believed that the number of monodrug users among the addicts is increasing every year. For instance, in 1996, 93% of the addicts in Bangkok are monodrug users, while the proportion of polydrug users is decreasing.

When classified by types of drug, addicts prefer to take opium by oral route over sniffing. The proportion of addicts injecting heroin has decreased since the last three years. This may be due to the AIDA epidemic. However, in 1996, injecting heroin has made a comeback, while other routes of administration showed a decreasing pattern. Among the methamphetamine addicts, 2% take the drug orally, while 90% smoke the drug **(Chart 11)**.

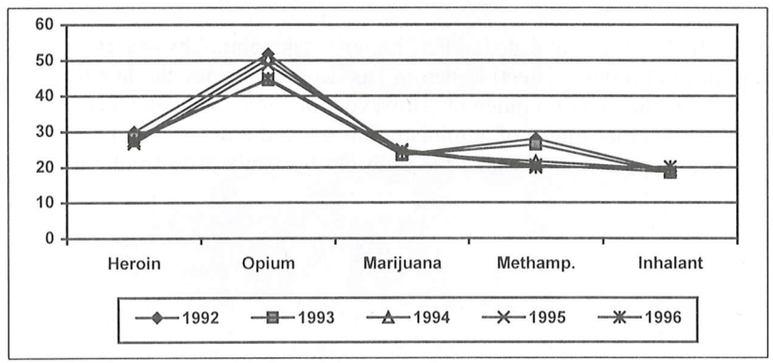
Chart 11: Percentage Of Drug Patients Residing In Bangkok Classified By Mode Of Taking



4.6 Age Of Drug Dependents And Abstinent Period

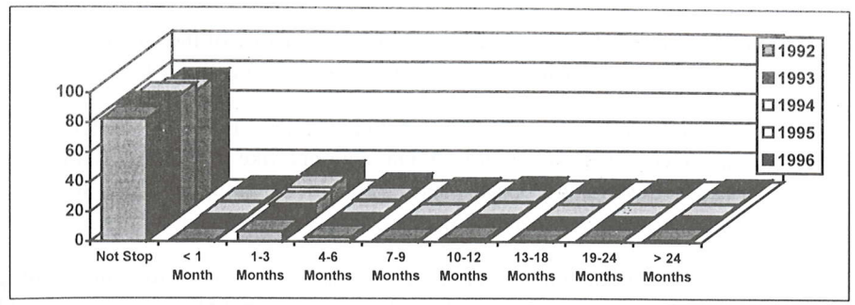
The average age of major drug dependents has decreased, especially that of methamphetamine addicts. In 1996, the average age of methamphetamine addicts is 19 years old. The average age of marijuana and volatile substances addicts has decreased **(Chart 12)**.

Chart 12: Average Age Of Patients Classified By Type Of Drugs



The tendency of relapse among the addicts is great. However, recently the rate of relapse among the addicts has decreased. The abstinent period is about 1 - 3 months **(Chart 13)**.

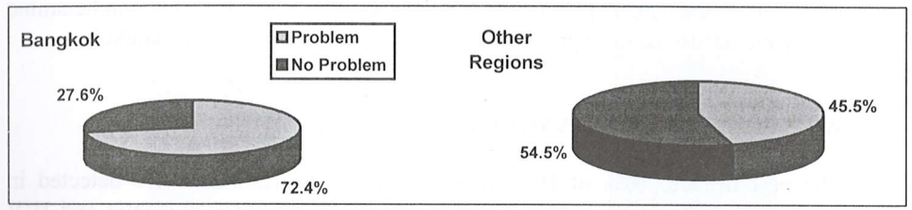
Chart 13: Duration Of Abstinence Of Pat



4.7 Area Classification Of Drug Epidemic

In 1996, Bangkok has been identified as the region with the most drug problems. 72% of the population in Bangkok suffer from drug problems, while 46% of the total population of all other regions in Thailand suffer from drug menace **(Chart 14)**.

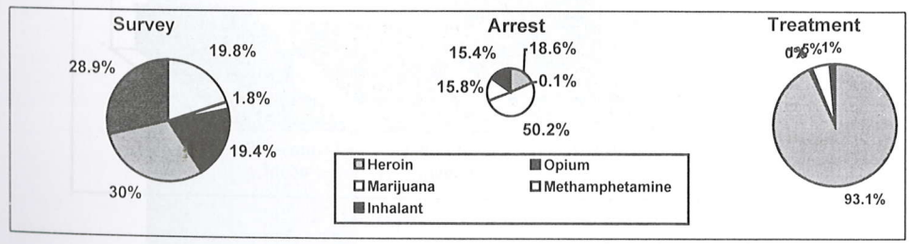
Chart 14: Comparative Statistics Of Number Of Communities Surveyed Between Bangkok And Other Regions In 1996



When classified by types of drug, we found that the number of heroin addicts receiving treatment is higher than that of marijuana, methamphetamine, and volatile substances addicts.

The number of marijuana, methamphetamine, and volatile substances addicts are higher than that of heroin addicts in the law enforcement and community database **(Chart 15)**.

Chart 15: Comparative Statistics Of Survey Data Arrest And Treatment Classified By Types Of Drug



5. IMPORT & EXPORT PROBLEMS IN BANGKOK

As the centre of international communications and infrastructure of the country, Bangkok is the transit route for drug traffickers in their import and export activities.

The nationality of drug traffickers or couriers include Chinese, European, American, and African. The financiers tend to employ Asian couriers like Nepalese, Bangladeshi, Pakistani, Burmese, Eastern European, and Estonian to smuggle drug to foreign countries.

Of late, Lao PDR, Cambodia and Vietnam, are used as transit routes to smuggle drugs, especially heroin, before the drugs are send to Thailand for the destination countries like the United Kingdom and the Unites States of America.

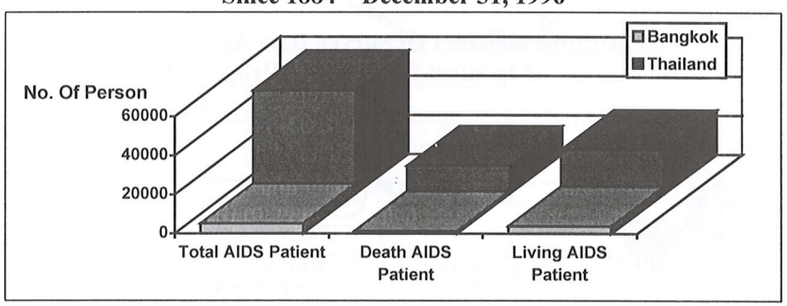
About 20 arrests where 129 kg of heroin seized, were made at the Bangkok International Airport and airports of Lao PDR, Cambodia, and Vietnam. Cannabis resins are brought in from Nepal and Pakistan to Thailand through the Bangkok International Airport. Some of these resins are on transit to Japan and European countries. From 1993 - 1996, the authorities arrested 25 drug cases with 67 kg of drugs seized.

Bangkok is also the centre for methamphetamine production and imports of both methamphetamnie and other precursors. From 1987 - 1996, 68 methamphetamine laboratories were destroyed throughout Thailand and 13 of them were in Bangkok.

6. AIDS SITUATION IN BANGKOK

During the past decade, 10% of HIV infected patients in Thailand were detected in Bangkok. Sexual practices continue to be the main factor of AIDS epidemic and HIV infections, even though its proportion tends to decrease each year except for 1996. The second factor is injecting which appeared to be stable in the past but seemed to increase in 1996 **(Chart 16)**.

Chart16: Number Of AIDS Patient In Bangkok And Thailand Since 1884 – December 31, 1996



RECENT SITUATION OF DRUG ABUSE IN CHINA

Cai Zhi-Ji
National Institute On Drug Dependence (NIDD)
Beijing Medical University

Drug problem in China became more serious in the past 2-3 years.

DEMOGRAPHIC FEATURES OF DRUG ADDICTS

Results in **Table 1** summarises data of 8,325 heroin addicts collected in 1996, by several authors from 8 cities in 7 provinces -- Yuxi (Yunnan province), Guiyang (Guizhou), Liuzhou (Guangxi), Xian (Shaanxi), Zhengzhou (Henan), Wuhan and Yichang (Hubei), Harbin (Heilongjiang).

Table 1: Demographic Features Of Heroin Addicts

	Item	%
Sex	Male	78.1
	Female	21.9
Age	≤ 25a	51.0
	26 - 35a	42.7
	≥ 36a	6.3
Educational Level	Junior middle school	76.6
	Senior middle school	20.9
	College, University	2.5
Profession	Self & Unemployed	81.1
	Others	18.9
Marital Status	Single	45.3
	Married	28.6
	Cohabiting	12.6
	Separated	1.5
	Divorce	11.1
	Bereft of Spouse	0.9

2. INCREASE IN PROPORTION OF FEMALE ADDICTS

The majority of the drug addicts remain male, but the proportion of female addicts has increased gradually. **Table 2** showed that the proportion of female addicts in 1996, was higher than that in 1993 (P<0.001).

Female addicts were usually in the younger age brackets. It has been reported that in Shanghai City, 90 out of 109 female drug addicts (82.6%) were under the age of 25 years old.

Table 2: Comparison Of Female Proportion In 1996 With 1993

Year	Female		Male		Total
	n	%	n	%	
1993	252	14.7	1467	85.3	1719
1996	1823	21.9***	6502	78.1	8325

*** P<0.001 in comparison with 1993

Out of the 109 female addicts, 105 (96.3%) were self or unemployed. 85% of them were unmarried and most (87.5%) were prostitutes. 71.6% of the female addicts obtained drugs from their male counterparts.

Female addicts had a relatively high rate of sexually transmitted diseases (STD). There were 128 female addicts admitted to the compulsive treatment unit in Wuhan City of Hubei Province. Out of the 128 female addicts, 35 (27.3%) were with STD. 97.1% of the STD were gonorrhoea.

3. INCREASE IN NUMBER OF CASES OF HIV INFECTION

First case of HIV infection in China was detected in 1985. A survey on 1.03 million subjects for detecting HIV infection in 1990, found 890 cases of HIV/AIDS, among them 657 cases (73.8%) were drug abusers. At the end of 1994, the number of HIV/AIDS cases reached 1,774 and 1,132 of them (63.8%) were drug abusers. By the end of August 1996, the number of HIV/AIDS cases was 4,305, a five-fold increase within six years. It is estimated by experts that number of HIV-positive cases throughout China is between 50 and 100 thousands.

4. INCREASE IN POLYDRUG ABUSE

Evidently more and more addicts became polydrug abusers. A report from Yuxi City of Yunnan Province showed that 260 in 300 cases (88.0%) of heroin addicts concurrently abused benzodiazepines. Report from Taiyuan City of Shanxi Province showed that 86.6% of 500 addicts abused heroin together with triazolam, and 94% of this group abused heroin with dihydroetorphine or pethidine Report from Zhengzhou City of Henan

Province mentioned that 288 of 720 heroin addicts (40.0%) concomitantly abused triazolam, two-third of them for the purpose of enhancing heroin-induced euphoria.

5. STARTING OF AMPHETAMINE-TYPE STIMULANTS (ATS) ABUSE

Abuse of ATS started in China recently, methamphetamine (ice) was the major one. Illicit manufacture of methamphetamine from its precursor ephedrine by clandestine laboratory was detected in the south-east part of the country (e.g., Fujian province). Ephedrine has been put under national control, it was categorized as Class I of psychotropic drugs. The ecstasy pill (MDM) that is known as "yao tou wan" (shaking head pill) in China, is popular among the youths. The pills are brought in from abroad and used at karaoke lounges and dance halls.

6. HIGH RELAPSE RATE

As mentioned in last year's report, the relapse rate in the country is still very high. According to NIDD's survey in 1996, 150 opiate addicts experienced relapse 3 months after detoxification treatment. 79 in 80 cases experienced three relapses within this period. The survey concluded that psychological factors played the most important role in the relapse of opiate addiction. Detail of the survey was presented in an additional report.

PATTERNS AND TRENDS OF DRUG ABUSE IN KUALA LUMPUR

Ismail Haji Ahmad,
National Narcotics Agency,
Ministry Of Home Affairs Malaysia

INTRODUCTION

Drug problem[1] in Malaysia is closely linked to the early economic development in the country. In the early 19th. century, the drug problem involved a majority of the migrants from China and South India who came to Malaya to work in tin mines and rubber estates. The pattern of drug use changed towards the end of 1960s when youth of all races increasingly formed most of the drug users. Majority of them used heroin and morphine. Marijuana was also popular and easily available on the street.

In 1996, the extent of the drug problem had not improved compared to previous years. The number of drug addicts and offenders continued to rise. A parallel increase of drug seizures was also noted. In Kuala Lumpur, a mixed situation emerged. While the number of drug addicts decreased tremendously there was a significant increase in number of arrests and seizures of drugs. The establishment of the National Narcotics Agency in the Ministry of Home Affairs as the lead agency, and Narcotics Department in the Malaysian Police was in a way instrumental for the success in combating the drug problem in Kuala Lumpur.

2. AREA DESCRIPTION

Malaysia consists of fourteen states and has an estimated land area of 329,757 square kilometres. The main ethnic groups, Malay, Chinese and Indian, make up the major portion of the population of 18,180,853 (from the 1991 population census).

The capital city of Kuala Lumpur has an area of 243 square kilometres with an estimated population of 1,257,662 (in 1991) or approximately 6.9% of the total population of Malaysia.

In 1991, the age group distributions were 416,038 persons (33.1%) in the 0-14 years age bracket, 800,552 persons (63.6%) in the 15-64 years age bracket and 41,072 persons (3.3 %) in the sixty-five and above age brackets. There were 106 males for every 100 female in the population in 1991. The main ethnic groups are Chinese (47.5%), Malay (39.1%) and Indian (11.8%).

[1] The drug problem encompasses both demands (i.e. addiction) and supply (i.e. sales and trafficking) for drugs.

3. SOURCES OF DATA

The National Drug Information (NADI) System maintained by the National Narcotics Agency, Ministry of Home Affairs provided data for this report. The system collates all data submitted by the state National Narcotics Agency, anti drug and health care agencies throughout the country. These include hospitals, police department and prisons.

This report consists of two sections:

Section I: A comparison of annual data on addiction, drug seizures and arrests for 1992, 1993, 1994, 1995 and 1996.

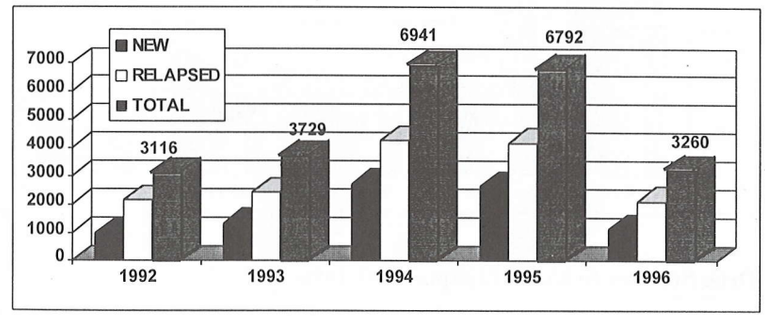
Section II: An update on the drug abuse situation in Kuala Lumpur between July and December 1996. (Report for January to June has been submitted.)

SECTION I

4. NUMBER OF ADDICTS IDENTIFIED 1992 - 1996

The proportion of new to relapse cases remained the same from 1992 to 1996, i.e., about thirty to forty percent new cases and sixty to seventy percent relapse cases (**Figure 1).** Of the total number identified in 1996, 35.3% were new cases and 64.7% were relapse cases. (Since 1992, the proportion of relapse cases has decreased). More new cases were detected since 1992, however it decreased in 1996. As the Capital city, all the implementing agencies made efforts to clean the city through enforcement and prevention. A decreased in number of new cases showed that primary prevention programme is effective in fighting drug problem. As in the past, most of the cases detected in Kuala Lumpur were male.

Figure 1: Type Of Cases Detected 1992-1996

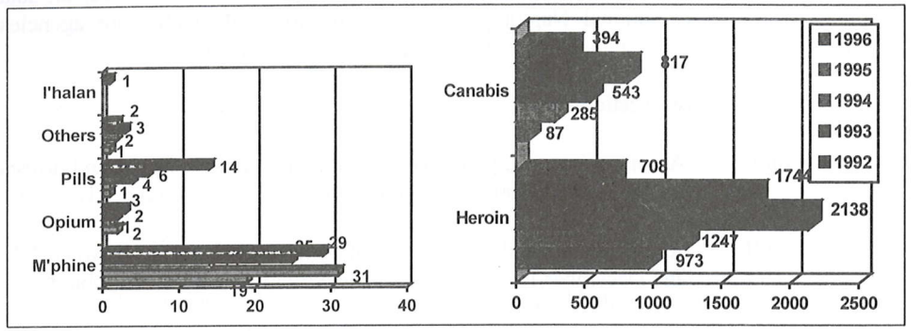


4.1 Types Of Drug Used 1992 - 1996

Since 1992, the main types of drug used by new users were heroin and cannabis. However, it was recorded that psychotropic pills users were increasing. Only one addict used pills in

1992, and the number increased to 14 addicts in 1996 (**Figure 2**). For the first time since 1992, one person was detected as inhalant abuser in 1996.

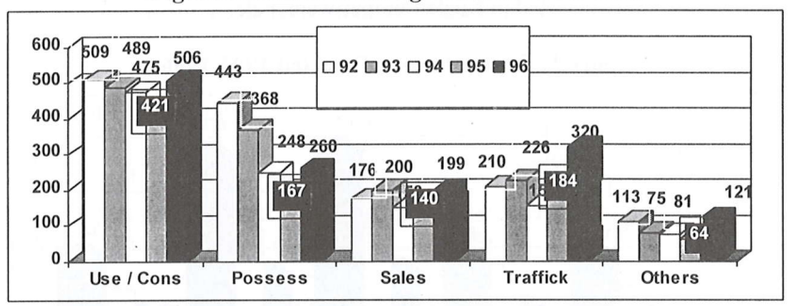
Figure 2: Types Of Drug Abused 1992 - 1996



4.2 Arrests Of Drug Offender 1992 - 1996

The total number of persons arrested in 1996 was slightly higher as compared to the previous year. Approximately, 320 traffickers were arrested in 1996 and this was the highest recorded number since 1992. It was also reported that 199 drug offenders were arrested in 1996 for sales of drugs and if convicted they could be sent to life imprisonment. The statistics showed that more people were involved in drug trafficking without fearing the punishment. There was a parallel increase in number of people arrested and the higher seizures of drugs. More drugs were seized in 1996 than before.

Figure 3: Arrest Of Drug Offender 1992-1996

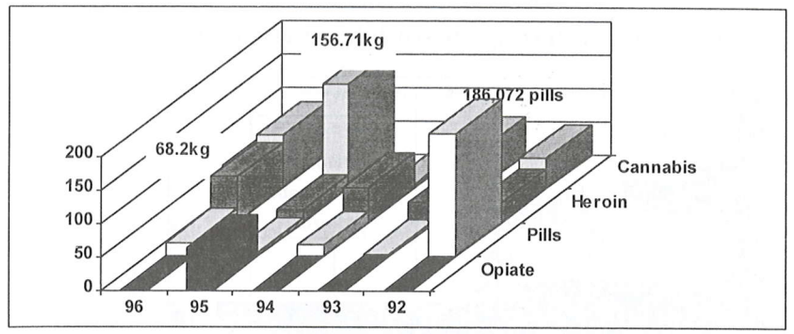


4.3 Drug Seizures In Kuala Lumpur 1992-1996

Heroin seizures peaked in 1996 when 68.20 kg were seized. About 79 kg of cannabis were seized in 1996 which were lower than in 1995 (156.71 kg), but it was the second highest seizure since 1992. For the first time, since 1992, 235 ecstasy pills were seized in 1996. The data showed that 1992 recorded the highest number of pills seized by the enforcement

agency (186,072 pills). Only 110 grams of opium were seized in Kuala Lumpur in 1996. It was also reported that the heroin seized in Kuala Lumpur was the highest since 1992.

Figure 4: Drug Seizures In Kuala Lumpur 1992-1996

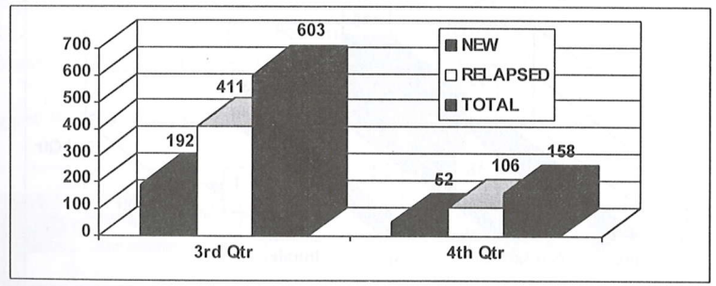


SECTION II

5. NUMBER OF ADDICTS IDENTIFIED JULY - DECEMBER 1996

There was a slight difference in the number of cases detected for the two periods of July to September 1996 and October to December 1996 (see **Figure 5**). The total number of cases decreased by about 73.8% in the October to December period. The number of new cases detected decreased by 72.9% and relapse cases by 74.2% in October to December 1996 period as compared to July to September period. This could possibly be due to the frequent and effective operations by police as they did in 1995 as part of an effort to clean the city of the drug scourge. As in the past, most of the cases detected in Kuala Lumpur were male.

Figure 5: Types Of Cases Detected July - December 1996

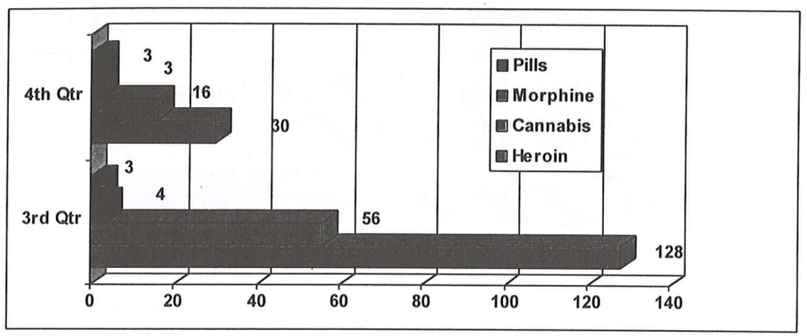


5.1 Types Of Drug Used

The number of heroin users decreased from July and September 1996, as compared to October and December 1996 (**Figure 6**). This was accompanied by a parallel trend in the

number of cannabis users. A small proportion (2.08 %) of new cases using heroin detected between July and September 1996 and this figure increased to 5.77% in October and December 1996. Psychotropic users recorded a 5.77% in the fourth quarter as against 1.56% in the third quarter of 1996.

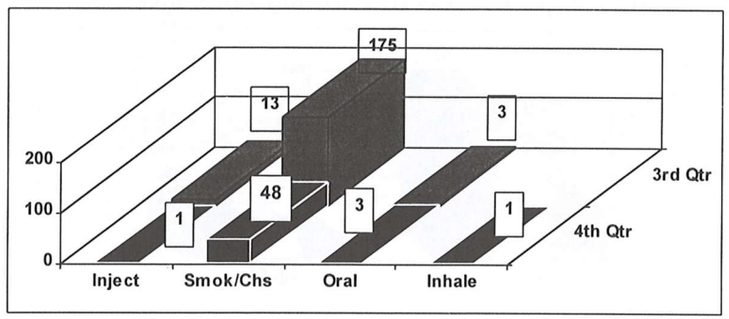
Figure 6: Types Of Drug Abused July - December 1996



5.2 Route Of Administration

The main routes of administration were smoking (cannabis) and 'chasing the dragon' (heroin) (**Figure 7**). A very small percentage (0.62%) of new addicts detected between July and September 1996 said they inhaled drugs. As compared to the first half of 1996, various routes of administration were recorded in the second half of 1996. About 6.83% injected drugs in July-September as compared to 1.96% in October-December 1996. There were 1.86% of addicts who took drugs orally in July-September as against 5.88% in the October-December period.

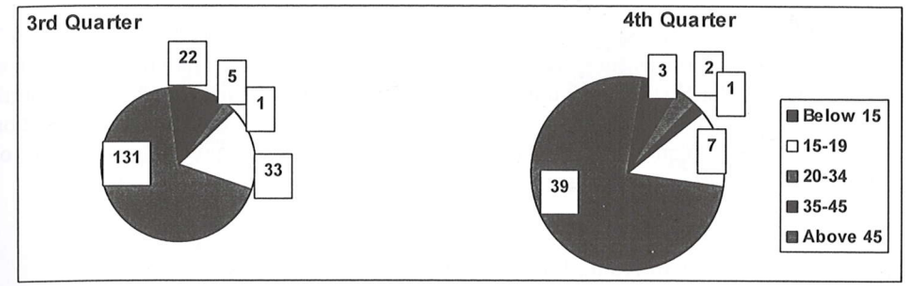
Figure 7: Route Of Administration Of New Addicts Detected July-December 1996



5.3 Age When Detected

As shown in **Figure 8**, most of the new addicts detected were between 20 and 34 years old (average of 72 percent across the two periods). The second largest age group detected was the 15 to 19 years olds. (average of 15.3% in July-December 1996.) The upward trend of this group was recorded since 1994.

Figure 8: Age Profile Of New Addicts Detected July-December 1996

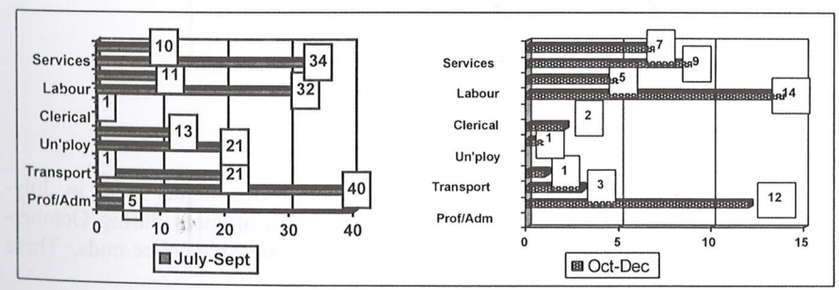


While the proportions of the two age groups remained somewhat constant from 1995 to 1996, there was a slight downward trend in the number of 35 to 45 year olds being detected. About 12.9% was recorded in 1995 as compared to 12.5% in 1996. As mentioned above the upward trend was in age group 15-19 years old.

5.4 Occupation

Sales workers, labourers and workers in the service industry formed the majority of cases detected (**Figure 9**). However, between October and December 1996, none of them were unemployed or involved in entertainment or from the professional and administrative group. Most of the drug addicts were employed (100%). The proportion of addicts across various work categories is as follows: labourers (26.92%), sales (19.2%), services (17.3%) and technical (13.46%). In July-September only clerical workers are not detected. Majority are sales workers (21.29%), services (18.06%) and labourers (16.77%).

Figure 9: Occupational Profile Of New Cases July-December 1996



5.5 Ethnic Groups

The majority of the drug users were Malays, i.e., 69.27% of those detected in July-September, followed by Indians (17.71%) and Chinese (9.37%). 42 Malays were detected as for the October - December period as compared to 6 Chinese and 3 Indians.

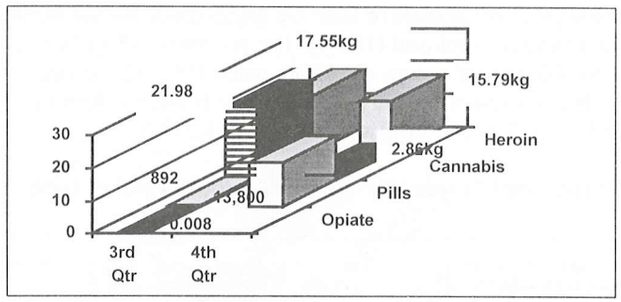
5.6 Level Of Education

The majority of the drug users are educated. In the third quarter 147 addicts had between 7 to 12 years of education, as compared to only 41 addicts in the fourth quarter. It is also noted that only 6.06% of addicts in the third quarter are uneducated as against 2.04% in the fourth quarter. 16.36% of the addicts in the third quarter had between 1 to 6 years of education compared to 18.37% in the fourth quarter. Only 2 addicts had more than 13 years of education in the third quarter as against none in the fourth quarter.

5.7 Drug Seizures In Kuala Lumpur July -- December 1996

Heroin seizures peaked in the July-September period while large cannabis seizures were made between October and December 1996. Seizures of psychotropic pills were higher in October - December period. For the first time, ecstasy pills were seized in Kuala Lumpur. There were 164 pills seized in October - December, while 80 pills seized in July-September 1996. Only 80 grams of opium seized in Kuala Lumpur in July - September. It was reported that the drugs seized in Kuala Lumpur were the highest as compared to previous year since 1992.

Figure 10: Drug Seizures In Kuala Lumpur July - December 1996

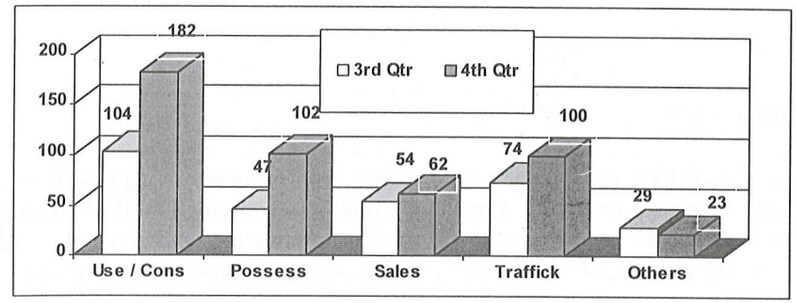


5.8 Arrests Of Drug Offender July-December 1996

The total number of people arrested in October-December was higher than in July-September 1996. More were arrested for use and consumption offences during October-December 1996, as compared to the subsequent quarter due to extensive police raids. There

was a parallel increase in number of people arrested and higher seizures of drugs. About 100 traffickers arrested in October-December as compared to 74 in July-September.

Figure 11: Arrests Of Drug Offenders July-December 1996



6. CONCLUSION

Primary prevention is a long term strategy to insulate the society from the drug menace. The responsibility to implement programmes and activities cannot be wholly entrusted to any single agency or organisation. A wide range of agencies and organisations need to work together. It can be concluded that in 1996, the Government of Malaysia gained a little success in controlling the drug problem. A mixed situation in Kuala Lumpur showed that the number of drug addicts decreased tremendously but there was a significant increase in the number of arrests and seizures of drugs. We hope that with the establishment of the National Narcotics Agency in the Ministry of Home Affairs as the lead agency and the Narcotics Department in the Malaysian Police, the drug problem in Malaysia will head for success in combating the drug problem and creating a drug free society in Malaysia.

DRUG SITUATION IN THE PHILIPPINES

Diony V. Varela
Dangerous Drugs Board
Philippines

INTRODUCTION

Drug trafficking and drug abuse are serious problems confronting both developing and developed countries. Production, trade and consumption of illicit drugs are threats to the well-being of the global community, undermining legitimate institutions, eroding social values and creating serious economic implications. The Philippines is no exception in this regard.

The Philippines is an archipelago of more than 7,000 islands. Its coastline is twice as long as that of the United States. Given the limited capability of the Philippine Navy and the Caost Guard, drugs particularly 'Shabu' from other countries find its way to the Philippines through its irregular coastline.

The Philippines is a mountainous country with only about one-sixth of plain land. Despite the difficulty of penetrating the hinterlands, suitability of soil and other factors such as poverty and the absence of a cash crop program, marijuana continues to be cultivated in nine (9) out of the fourteen (14) regions of the country.

For many years, the fight against illegal drugs and their abuse has been the subject of numerous discussions at the national as well as the international level. Powerful drug syndicates with their vast resources, using modern technology and means have reduced the world into a mere community where they bring illegal drugs from one place to another in furtherance of their nefarious activities without respect to national boundaries and domestic laws.

Countries affected by this problem have adopted respective counter-measures like enactment of appropriate laws and other policies. Regional and international coordination and cooperation have been likewise resorted to in response to this global menace.

Inspite of the commendable efforts, given its limited resources in addressing the problem in our country, illicit activities continue to remain a major concern. To a great extent, they threaten to violate human dignity without remorse and destroy the moral fiber of our society slowly but relentlessly.

2. DRUG CONSUMPTION

In 1996, a total of five thousand seventy-eight (5,078) drug abusers were admitted to various treatment and rehabilitation facilities in the country. The figure represented an increase of forty-three percent (43.1%) over 1995 which recorded three thousand five hundred forty-nine (3,549) admissions.

There were twenty-eight (28) functional treatment and rehabilitation facilities in 1996. Twenty-two (22) were residential which admitted almost eighty percent (79.74%) of the clients totaling four thousand forty-nine (4,049). The six out-patient centers admitted around twenty percent (20.26%) or a total of one thousand twenty-nine (1,029) clients.

Of the 5,078 total admissions, eighty-eight percent (88.0%) were new cases while almost twelve percent (11.86%) were readmitted clients. For the past five years, the percentage of readmitted cases remained at around twelve to thirteen percent (12 - 13%).

Male to female ratio was placed at 12 to 1. In 1995, the ratio was 10 to 1. For the past five years, the proportion of female clients compared to their male counterparts was consistently decreasing. This development may be subjected to different interpretations. It may mean that less and less women are abusing drugs or its getting more and more difficult to find a treatment facility which caters to women. It was last year that the second biggest rehabilitation center in the country stopped accepting women confines to avoid cases of sexual harassment or assault.

Most of the clients (59.9%) were within the 15 - 34 age range. The mean age increased from 25 years in 1992 to 26 years in 1995. Unmarried clients dominated the distribution with fifty-eight percent (58.45%). Their married counterparts comprised thirty percent (30.32%). Those who had live-in relationship, around seven percent (6.72%), and separated, three percent (3.40%).

A plurality (31.32%) was high school undergraduates. Seventeen percent (17.41%) were high school graduates.

College undergraduates comprised almost twenty-four percent (23.87%) while those with college degree, almost eight percent (7.66%).

Workers or employees were the biggest group, outnumbering the unemployed who comprised almost thirty percent (29.02%)

Self-employed constituted nine percent (9.16%). Students and out-of-school youths accounted for only eight percent (7.95%) and around three percent (2.61%) respectively.

Those who did not specify their occupation were a whooping eighteen percent (18.50%). The plurality of workers among the drug patients necessitates the implementation of a more vigorous drug abuse prevention program in the workplace.

Sources of drugs cited include friends (63.4%) and pushers (21.9%). Almost fifteen percent (14.7%) did not specify their sources. There was no report of drug store being the source of drug.

More than one-half (52.99%) of the clients were from Metro Manila, large percentage (26.88%) was also noted to have come from Region 4, a fast developing area south of Metro Manila.

Shabu (Methamphetamine Hydrochloride) again emerged as the number one drug of abuse. It was abused by eighty-eight percent (88.18%) of the drug addicts. Marijuana was the second drug of abuse by almost forty percent (39.68%). This accounts for a percentage margin of forty-nine percent (49%). In 1995, the percentage margin was only twenty-six percent (26%). It shows that the difference in terms of the number of abusers between the two top drugs of abuse is becoming bigger every year.

Other drugs of abuse were mostly cough preparations, inhalants and tranquilizers. User of these drugs ranged from 1.81 to 4.42%.

3. DRUG ENFORCEMENT

There are three (3) roles the Philippines plays in the illegal drug scene; first, as a producer, exporter, and consumer of cannabis products, second, as importer and consumer of methamphetamine hydrochloride (Shabu) and other regulated drugs, and third, as a transit point for heroin and cocaine. The country's penetrable seaports and airports and long irregular coastline provide ideal entry and exit points for drug smuggling and alternate transshipment areas of international drug syndicates.

3.1 Marijuana Production.

The Philippines is known as a major producer of high grade marijuana. It continues to be one of the main drugs of abuse in the country due to its availability and low cost. Marijuana is grown in ninety five (95) drug source communities located in nine (9) out of fifteen (15) regions of the country. These areas are the subjects of our continuous eradication efforts year after year.

3.2 Methamphetamine Hydrochloride Or Shabu Smuggling

This drug popularly known in the Philippines as 'shabu' is illegally imported by the Filipino-Chinese syndicates from Hongkong and Taiwan. Large supplies of methamphetamine hydrochloride (shabu) continue to come from illicit manufacturing and processing centers within the region. Hongkong and Taiwan remain as the staging point

of the Chinese Triad syndicate financing drug trafficking operations for smuggling multi-kilos of shabu into the Philippines. There are also reports that these traffickers facilitate shabu to Pacific Island states and the United States of America. In 1995, the PNP Narcotics Group seized more than 200 kilograms of shabu on different occasions. In 1996, the Group seized almost 300 kilograms of shabu worth 600 million pesos as a result of major operations launched against Chinese syndicates based in the Philippines. This does not include the hundreds of kilos more seized by other police territorial units.

3.3 Transshipment Point Of Heroin And Cocaine

The Philippines due to its strategic location in Asia, is a logical choice for a transshipment point for heroin and cocaine. Heroin is usually shipped into the country from the Golden Triangle through the various airports and seaports. The postal services are also being utilized by the African and Thai couriers with American connections. In 1994, a Manila based Nigerian syndicate was neutralized for transporting 15 kilograms of heroin worth almost 400 million pesos of illicit drugs, resulting in the busting of the American -Nigerian transit pipeline. Another major seizure was made in the early part of 1996 with the arrest of a Taiwanese for transporting high grade heroin worth 27 million pesos. He was arrested in a controlled delivery operation participated by the Police Bureau of Customs, US DEA and Royal Thai Police.

Cocaine transshipment is being carried out either by shipside or airdrop along the unguarded sea lane in the country. It is believed that the destinations of these expensive illicit drugs are the rich nations of Asia, particularly Hongkong, Japan and Taiwan. In 1995, 14 kilograms of cocaine seized in Central Visayas, presumably left in haste by an unidentified Chinese trafficker. In mid-1996 drug enforcers retrieved 1.4 kilos of cocaine from fishermen in Quezon Province.

DRUG ABUSE SITUATION IN VIENTIANE MUNICIPALITY

Medical Equipment And Drug Division
Curative Department, Ministry Of Health,
Lao People Democratic Republic

AREA DESCRIPTION

Lao People Democratic Republic is a land-locked country with an estimated land area of 236,800 square kilometers. It consists of 17 provinces and 1 special region, 133 districts, and 11,795 villages. The main ethnic groups of Laoloum (Lowland Lao), Laosoung (Highland Lao), and Laoteung (Upland Lao) make up the major portion of the population of 4.605 million (1995 population census).

The capital city of Vientiane has an area of 3,920 square kilometers with population of 531, 800 (1995 census) or approximately 11. 5% of total population of Lao PDR. In 1995, the age group distributions were 197,605 people (37.15%) in 0 - 14 years age bracket, 298,157 people (56.06%) in 15 - 60 years age bracket, and 36,038 people (6.77%) over the age of 61.

2. SOURCES OF DATA

Data collection is centralised at the Lao National Commission for Drug Control (LNCDC) and Supervision, which is a task force, composed of representatives from various ministries and institutions. This organisation has very limited operational resources, to carry out data collection and analysis, it has to deal with the National Statistics Center, National Institute of Hygiene and Epidemiology, health care agencies, Narcotics Control Unit, Ministry of Interior, Police Department, and Religious Department. Besides this, some line ministries carried out their own sampling survey related to glue sniffing and cannabis consumption, for demand reduction purposes. These data are collected, analyzed, and filed at LNCDC.

3. CURRENT DRUG ABUSE SITUATION IN VIENTIANE MUNICIPALITY

3.1 Number Of Addicts Identified

According to a study of drug used in July 1996 in 4 metropolitan districts of Vientiane Municipality, the major drugs of abuse among young people (age under 20 years) are glue sniffing and alcohol consumption. There are approximately 1,100 glue sniffers and many are school drop - outs, 13 opium addicts, almost all are elderly and 27 cannabis smokers. The majority are unskilled and unemployed and come from poor families. Drug problem in this Republic is limited to opium used, and most of the opium dependents are elderly people. In the Northern of Laos less than 50,000 opium addicts are traditional opium smokers and consumers **(Table 1).**

Table 1: Number Of Drug Addicts In Vientiane Municipality

Type Of Drugs	Number Of Addicts
Opium	13
Cannabis	27
Volatile Substances	1100

3.2 Law Enforcement

The law enforcement officers such as police and customs have been trained in the area of drug problem internally and abroad since 1990. However, their efforts in combating the problem nationally have been hampered and restricted due to lack of infrastructure, especially roads and inaccessibility to the mountainous areas in the northern part of the country. Despite the impediments, law enforcement activities have increased in recent years.

3.2.1 Drug Seizures And Arrests

According to the Narcotic Control Unit's data, the amount of dry cannabis seized showed a decline of 3273.10 kg in 1996 compared with the last 2 years. The amount of heroin seized decreased to 15.55 kg as compared to 49.65 kg in 1995. However, cannabis plant was the largest amount seized in 1996 **(Table 2).**

Table 2: Eradication And Seizure Of Drugs In 1994 - 1996

Type Of Drug	Amount Seizure In kg		
	1994	1995	1996
Heroin	53	49.65	15.55
Morphine	8		
Opium	292.30	695.50	190.30
Amphetamine (Tab)			12,385
Amphetamine (Pd)			7.50
Cannabis (Dry)	3,001.90	4,732	3,273.10
Cannabis (Plants)	8,269.80	60,987	151,645.90

4. ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS) AND HIV

According to the report of the National Institute of Hygiene and Epidemiology (NIHE) and National Committee for AIDS Control, 6696 volunteered to have their blood tested since July to December 1996. Out of these 6696, 71 are symptomatic HIV infected

patients and all are still alive. 16 out of the 6696 tested are full blown AIDS patients, 10 of them are still alive **(Table 3).**

Table 3: Number Of Full Blown AIDS And HIV Positive Since July To December, 1996

Number Of Test	HIV		AIDS	
	alive	death	alive	death
6,696	71	0	10	6

According to the risk factors causing people to get AIDS or become the symptomatic HIV infected patients, sexual activity is the most important factor. There are no drug related HIV positive and AIDS cases **(Table 4).**

Table 4: Transmission Risk Factor

Transmission Risk Factor	HIV positive	AIDS
Homosexual	0	0
Injecting Drug Use	0	0
Heterosexual	66	15
Mother to Infant	3	1
Other not specified	2	0

DRUG ABUSE SITUATION IN VIETNAM

Tran Xuan Nhat
Department For Social Evils Prevention (DSEP)
Ministry Of Labours, Invalids And Social Affairs (MOLISA)
Hanoi, Vietnam

INTRODUCTION

In recent years, Vietnam has experienced increasing problems of illicit drug abuse and drug trafficking. Issues of concern include the increase of injecting drug abuse which interlinks with the spread of HIV in urban areas, the production and consumption of opium among ethnic minority groups, and the potential danger of heroin abuse among young abusers. New regional and international developments in drug abuse and trafficking are also worrying. Vietnam is firmly determined to counter drug problems to maintain and develop social order and security.

According to the annual report of 1996 of DSOP, there were 183,00 drug abusers of which 47,000 were considered as hard addicts. By age group, those under 30, 30 - 50 and over 50 represented respectively 6824 and 8% of the total number of addicts. The unemployed and under-employed accounted for about 54%. Almost all drug addicts were male accounting for 90%. About 60% of addicts were from those with under 4 years of education, 20% were from those with 4 to 12 years of education.

The routes of drug administration are mainly smoking and chewing opium in mountainous area (70% smoking) while injecting and smoking were predominantly among addicts in urban areas.

The percentage of injecting drug users in the urban areas was about 60 – 80% especially in Ho Chi Minh City, while some Southern Cities had up to 85 - 90%. Recently, since 1996, heroin abuse has occurred and especially in urban areas such as Hanoi, Haiphong, Ho Chi Minh cities and other towns. It is recognized that the reappearance of heroin abuse by inhalation among the addicts' population in the country is an obvious danger. The cities and mountainous provinces having higher estimated figure of addicts are: Hanoi (10,000), Ho Chi Minh City (25,00) Haiphong City (1,050) and the provinces: BaThai (7,000), Caobang (8,500), Lao Cai (10,000), Laichau (10,000), Sonla (7,000), Lang Son (7,000), Yenbai (4,000).

Abuse of heroin among adolescent and students has become worrisome to every family and the entire society. A sketchy report recently revealed that there were 1006 students who used drugs, including heroin by inhalation and injection. Of these 699 students were at primary and secondary schools, and 307 students at colleges, comprising 349 students

at Hanoi, 156 at Langson, 66 and Haiphong city, 38 at Quang Ninh and 54 at Ho Chi Minh city, etc. Most of these students used heroin by inhalation.

The injecting drug use is among major factors that have caused the spread of HIV infected patients in the county. According to the National AIDS Committee, as of 4 March 1997 a total of 5,203 HIV infected cases, of which 67.7% were injecting drug users (IDU), involving 710 cases, were identified of which 415 had died of AIDS.

Together with activities of preventive communication treatment services are always available to the existing drug abusers. In 1996, a total of 18,182 addicts were admitted into treatment centers and community-based facilities of which 71,133 addicts were treated at the treatment centers and 11,049 at the community-based facilities. In 3 years (1994, 1995, 1996) 42,221 addicts were provided treatment and rehabilitation services by MOLISA (Ministry of Labour, Invalids and Social Affairs) in which there were 20,045 (47%) addicts at the treatment centers, 22,176 (53%) at the community-based facilities, 13,210 (31%) were provided vocational training and 3,894 (10.8%) were provided jobs. The results of studies on drug addiction and rehabilitation revealed that the rate of drug relapse decreases considerably: 85 - 90% in 1994, 75 - 80% in 1995 and 61.55% in the first nine months of 1996. However, the situation of drug abuse is still complicated; the figure of addicts seems to decrease because of fewer increase of new addicts. Heroin is a new drug which is being used among the young addicts.

So far, opium is the main drug trafficking in the country, but heroin trafficking is also increasing. In 1996, the enforcement agencies detected and arrested 3,813 cases with 6,551 offenders, including recognizers of drug use, traffickers and drug den owners. 54.75 kg heroin 1.4 kg codeine; 58408 kg cannabis and 12,931 vials of morphine, etc.

A total of 2,051 cases with 2,610 drug-related offenders were brought to the courts: sentenced to death: 3, life imprisonment: 9, from 10 - 20 year imprisonment: 111, from 7 - 10 year imprisonment: 135; under 7 year-imprisonment: 2,371.

Although the fight against drug problems recorded considerable results in recent years, situation of drug abuse and drug control is still very complicated. In the light of the Directive dated 30 November 1996 of Vietnamese Community Party on strengthening the party's guide in prevention and fight against drug problems, Vietnam has been enhancing the activities in demand reduction, supply reduction and in fighting drug related criminals, to maintain social order and security, thus contributing to the common struggle of the world community against drug problems.

PART 1 – Section Two

SOUTH ASIAN COUNTRY REPORTS
(January 1996 - March 1997)

PATTERN AND TRENDS OF DRUG ABUSE IN DHAKA, BANGLADESH

Dr. Md. Abdus Sobhan & Dr. Khaleda Begum
Central Drug Addiction Treatment Centre
Department Of Narcotics Control
Government Of The People's Republic Of Bangladesh

ABSTRACT

Information regarding demographic and other drug related were collected from patients attending the Central Drug Addiction Treatment Centre over a period of 6 months (Oct. 1996 to March 1997). The total number of patients is 741. The number of readmissions is 54. Trends of drugs abused virtually remained similar to those of the previous year. Heroin ranks first (55.73%) and alcohol is least abused (1.07%). Age groups also show similar pattern, where the 20 - 34 years group has the most number of addicts (80.16%). The single and unemployed groups are highest among the abusers, 47.77% and 37.78% respectively. Almost all the drugs are procured from street sales. The number of arrests is higher this time (1797) where the majority are due to possession of alcohol (44.14%). Other trends are almost similar to those of the previous period.

1. INTRODUCTION

Drug abuse is a growing problem in Bangladesh and its socioeconomic effects are being felt throughout society. To understand the nature and extent of the problem, it is necessary to take into account and analyse different sources of data on the incidence, prevalence, morbidity, and other consequences associated with the problem.

Data sources in the current situation are quite scarce. Moreover, at an organization level the scourge of drug abuse which poses positive threat to the very fabric of our society and its tradition and values, encouraged the government to launch a five years master plan for drug abuse prevention. Under its sector plan for treatment and rehabilitation, there is an urgent provision for a rapid assessment survey and development of client monitoring network. Without a baseline information about the extent of the problem, we would not be able to address an issue whose nature we are not fully aware of, and struggle often counter productively, to implement programmes which may not be suitable to the issue. With a national and regional database we can pool all our available information to establish a sound understanding of the nature of the problem. Programmes generated thereby would be able to address the issue more effectively. The rapid assessment survey has been completed and a national strategy for the 5 year plan is also ready to be adopted by the Government.

1.1 Area Description

Dhaka, the capital of Bangladesh, encompasses an area of 116 square miles. It is one of the most densely populated cities in South-East Asia and metropolitan Dhaka has a population of 6.54 million. The male and female ratio stands at 1.27:1. 46.3% of the population is below 15 years of age and more than 30% between 15 and 30 years. Most of the employed populations above five years of age do not have any formal education. A large portion of the city population is self-employed. Nearly half of the households have 6 - 9 members in the family and 43.2% of the population above five years of age do not have any formal education. Per capita GDP of the city population is Tk. 7,617.00. The city is well connected with the rest of the country by air, marine, rail, and road transport system. There is regular container service to the city from two seaports and communication is easy from districts having common border with neighbouring countries and long unguarded beach. Dhaka has air routes to most of the major cities of world. The city is now in the grip of massive internal migration.

2. DATA SOURCES

The data related to treatment indicators are solely collected from the Central Treatment Centre, the only public establishment of such kind, from both outpatient clinic and in-patient facilities. A semi-structured questionnaire, meant for routine information collection was mainly used. Both the clients and their accompanying relatives were interviewed. Information from other data sources like private treatment centres, the public facilities and emergency rooms could not be made available because of various reasons.

Those sources usually do not have any organized data collection system and they usually do not entertain each and every case walking into their clinic. However, efforts are being taken to form a continuous liaison and stable net working between the different prisons dealing with the drug abuse problem. Data from prison source could not be made available as it is barred for the time being due to administrative reasons. The channel would be reestablished very soon. Data related to arrest and seizures are obtained from the Department of Narcotics Control and those for traffic accident from the Central Treatment Centre. Health and social indicators are collected from the treatment seekers. A uniform reliable questionnaire is being developed for better monitoring. All the information provides in this report are gathered during the period of Oct. 1996 to March, 1997.

3. DRUG ABUSE TRENDS

3.1 Overall Drug Use

Data collected over six months (from Oct. 96 to March 97) shows almost the same trend

as observed over the past years. Number of abusers seeking treatment shows a gradual rise. Opiates are still the most frequently abused drug and heroin use remains the highest, followed by codeine phosphate as cough syrup phensedyl. However, number of parenteral drug users shows a definite rise. 88.14% of the parenteral drug users are currently using buprenophine injections. There is no remarkable change in the trend of cannabis, sedative hypnotics, alcohol or polydrug abuse.

Table 1: Number Of Patients By Primary Drug Abuse

Type Of Drugs	N	%	Previous Year (%)
Heroin	413	55.73	44.84
Other Opiate	178	24.02	38.74
Codeine	119	16.05	24.50
Buprenorphine	52	7.01	12.10
Pethidine	7	0.94	2.23
Cannabis	35	4.72	4.70
Sedatives	12	1.61	16.68
Alcohol	08	1.07	1.72
Polydrugs	95	12.82	8.69

None of the treatment seekers is below 15 years of age and more than 80.16% are between 20 and 34 years **(Table 2).** The treatment seekers were predominantly male, 99.73% **(Table 3)**. About 49% had seven to 12 years of education **(Table 4)**, and among those who are currently employed, petty business people, those working in clerical jobs, professionals and students are more in number although more than 37% of abuser population are unemployed **(Table 5)**.

Table 2: Age-Wise Distribution Of Treatment Seekers

Age In Years	N	%	Previous Year (%)
Under - 15	00	00	0.06
15 - 19	40	5.39	6.03
20 - 34	594	80.16	78.75
35 - 44	92	12.41	-
45 +	18	2.42	2.40

Table 3: Sex-Wise Distribution Of Treatment Seekers

Sex	N	%	Previous Year (%)
Male	739	99.73	99.75
Female	02	0.27	00.24

Table 4: Number Of Years Of Education

Years	N	%	Previous Year (%)
Zero	152	20.51	20.03
1 - 6	140	18.89	24.74
7 - 12	362	48.859	42.54
13 +	87	11.74	12.67

Table 5: Occupation Wise Distribution Of Treatment Seekers

Occupation	N	%	Previous Year (%)
Professionals	00	00	0.36
Sales/Clerical Worker	100	13.49	10.56
Driver/Transport Worker	48	6.47	7.30
Self-employed (Business)	218	29.41	32.16
Agriculture Worker	03	0.06	0.40
Agrobased			
Unemployed	280	37.78	36.39
Student	73	9.85	11.76
Others	19	2.56	1.38

There is no significant difference between married and unmarried population among drug users **(Table 6)**. However, it may be assumed that married populations are more under family and social pressure to seek treatment. All of the drug abusers included in this study population are currently living with their families and majority of them comes from crowded families **(Table 7)**.

Table 6: Marital Status Of Treatment Seekers

Status	N	%	Previous Year (%)
Unmarried/Single	354	47.77	54.13
Divorce/Separated	12	1.61	1.56
Married	375	50.60	44.17
Widower	00	00	0.12

Table 7: Living Arrangement

Type Of living	N	%	Previous Year (%)
Alone	0	0	0.30
Living with Family	741	100	99.69

Heroin in this country is almost always smoked or chased. So is most of the preparation of cannabis. As mentioned earlier, parenteral use of buprenorphine is showing a gradual rise **(Table 8)**. Alarmingly, more and more drugs are available on the street nowadays **(Table 9)**.

Table 8: Route Administration Of Drugs

Route	N	%	Previous Year (%)
Parenteral	59	7.96	14.24
Oral	139	18.75	27.51
Smoking	448	60.45	49.54
Other	95	12.82	8.69

Table 9: Drug Sources

Source	N	%	Previous Year (%)
Street Sale	741	100	99.45
Legal Prescription	0	0.00	-
Diversion of Prescription Drugs	-	-	0.54

According to the information available from the Department of Narcotics Control, 1797 persons were arrested for drug related offences over these 6 months, mostly for possessing, trafficking and vending. Majority of the arrests were for alcohol related offences. Similarly, most of the seizures recorded were for alcohol followed by cannabis and phensedyl.

Road traffic accidents among treatment seekers show a little rise and most of those were related to narcotic use. Similarly, cases having associated with psychological illness and other health issues like HBsAG positive are also showing a rise **(Table 10)**. Family disruption and school dropout are increasing, although not remarkable **(Table 11)**.

Table 10: Health Indicators

		N	%	Previous Year (%)
1.	HIV Positive Cases	00	00	00
2.	Psychotropic Cases	46	6.20	6.51
3.	HBsAq Positive Cases	23	3.10	4.75
4.	Deaths	00	00	00

Table 11: Social Indicators

		N	%	Previous Year (%)
1.	Jobless	107	14.45	11.29
2.	Family Disruption	12	1.61	1.57
3.	School Disruption	186	25.10	16.60

3.2 Heroin

Heroin is still the most frequently abused drug among the treatment seekers, although opiates in other forms are showing a more rapid increase. It appears from the information available from the abuser population that heroin in the form of brown sugar has different qualities and it is reported that the purity of heroin, in general, is falling, heroin is cheaper and quite easily available on the street. The demographic characteristics and other drug use parameters are not very different from those of other drug users.

Heroin use is frequently incriminated for drug related crimes. Number of seizure and

quantity recovered over the defined period is, however, relatively less. But most of the road traffic accidents, job loss, family disruption and school dropouts are related to heroin and other opiates abuse.

3.3 Other Opiates

Codeine phosphate, buprenorphine and pethidine are the substances of this category used by the study population. Demographic and other characteristics are not different from those of heroin abusers. Codeine phosphate is available in the form of a branded cough syrup (trade name, phensedyl). Phensedyl is a contraband pharmaceutical drug, always available in black market. It contains a combination of codeine, ephedrine and promethazine. Its widespread use is a big concern. Most of the buprenorphine users are previous heroin users. This drug is also available in the black market and can be procured from the street.

3.4 Cannabis

Cannabis is not available in legal market since 1989. Still its use remains static. There is very little difference in demographic and other parameters of its users from those of other drug abusers. However, road traffic accident, social disruption and crime is less frequently reported by this cohort of abusers. Seizure reports indicate that although there is prohibition on its cultivation, sporadic illicit cultivation of cannabis is still prevalent.

3.5 Polydrugs

Polydrug abuse among the treatment seekers is 12.82% over the last 6 months. The drugs they use include opiates, cannabis, sedative-hypnotic and occasionally alcohol. However, it should be mentioned here that many of the buprenorphine abusers also combine diazepam, promethazine ephedrine.

3.6 Sedative-Hynotics

There are only few cases who use sedative-hypnotics. However, many of the opiate or cannabis abusers used sedative-hypnotics sometime in their life. The users are relatively younger and some of them get the drugs by diversion of prescription. There is no seizure of this category of drugs, neither is there any reported drug related crime or arrest. However, few of the abusers reported that they met with traffic accidents while they were under the influence of those drugs.

3.7 Alcohol

Alcohol use alone is relatively rare among the treatment seekers. Only 1.07% of reported cases sought treatment for alcohol abuse. Most of the users use country liquor and foreign branded liquors produced in local distilleries. The users are mostly from lower socio-economic background.

Highest number of seizures and quantity of substance recovered are related to alcohol. A total of 1797 seizures amounting to 31503.5 litres of alcoholic beverages were recovered during the reporting period **(Table 12)**. One of the abusers reported road traffic accident under the influence of alcohol. This figure does not, however, reflect the true picture of road traffic accidents due to drinking and driving. No alcohol related health problem except temporarily raised liver enzymes is detected and only a few cases of disruption of family cohesion are reported.

Table 12: Number Of Seizures And Quantity Of Drugs Seized By Types

Drug Type		No. Of Seizures	Quantity
Opiate	Opium	92	1.003 kg.
	Heroin	138	2.932 kg
	Codeine	197	1873 lit.
	Ins. Pethidine	05	105 amp (100mg)
	Buprenorphine	27	6386 amps
Cannabis		629	255 kg.
Cocaine		00	00
Hallucinogens		00	00
Amphetamine		00	00
Sedatives		00	00
Solvents/Inhalants		00	00
Alcohol		793	31503.5 lit.

3.8 Cocaine

There is no current abuse of cocaine among the treatment population. However, some of the other drug abusers, used cocaine when they were living abroad. There is no report of seizure.

4. ACQUIRED IMMUNODEFFICENCY SYNDROME (AIDS) AMONG INJECTING DRUG USERS (IDUs)

The number of injecting abusers is on an alarming rise with the accentuated availability of injectable buprenorphine in black market. Needle sharing is quite frequent and so is the use of unclean needles. According to National AIDS Committee Bangladesh, so far 70 cases of sero-positive HIV infection have been detected and 5 of them already died. Drug use, specially IV drug use history of those seropositive cases is not known. However, small studies aiming at detecting seropositivity among different target population could not find any such case. Since December, 1994, the Centre has an access to HIV screening programme of the National AIDS Committee and so far no seropositive case could be detected.

5. OPERATIONAL ISSUES

5.1 Individual

The Central Drug Addiction Treatment Centre is under administrative control of the Department of Narcotics Control which is again a directorate under the Ministry of Home Affairs, Government of Bangladesh. Most of the health staffs (doctors and nurses) are deputed to this centre from the Ministry of Health and Family Welfare, over which the department has little control. The positions (including that of the chief consultant) are transferable and frequent change of principle investigator always impedes the proper functioning of any ongoing project. Besides, there is difference of research interest between individuals.

5.2 Organizational

The following limitations were identified during the course of the study;

- Lack of proper liaison between different treatment facilities including those of prison.
- Lack of uniformity in information gathering system.
- Difficulties in gathering information related to law enforcement indicators according to the format outlined in the project protocol.
- Health indicator data could not be made available due to lack of central register facility, absence of liaison, referral and financial constraints.
- Emergency room data are specially lacking in the report due to non-availability of

data from relevant sources. The Centre (CTC) does not provide any emergency service.

- Lack of logistic support (both manpower and equipment) interfere with data collection, compilation, analysis and reporting.
- Limited transportation facility.
- Lack of adequate fund to meet contingency expenses.

DRUG ABUSE MONITORING SYSTEM IN RAWALPINDI /ISLAMABAD

Dr. Kamran Niaz
Integrated Drug Demand Reduction Project
Islamabad, Pakistan

ABSTRACT

The drug abuse monitoring system for Rawalpindi/Islamabad was initiated on an experimental basis in March 1995. This report covers the six months period from October 1996 - March 1997, and looks at the drug abuse trends and other indicators for this period. During the reporting period there have been a total of 330 drug addicts came in for treatment. 66% of the drug addicts were using heroin as their primary drug of abuse, while 67% were polydrug users. 59% were smoking or 'chasing the dragon', 12% were sniffing, and 10% were injecting drugs. Except for one, all the clients were male, 48% were between the age of 20 and 34 years and 27% between 35 and 44 years. 46% were single or never married, while 42% were married. 65% were living with their families. While 19% of the drug addicts were illiterate, 47% had 1 - 6 years of education, and 27% had 7 - 12 years of education. 80% were employed, the major occupational category within the employed drug addicts was of drivers and transport workers (24%), followed by sales and clerical workers (13%), agrobased workers (13%), and self employed (11%). The law enforcement agencies arrested 903 people on drug related offences. With 546 seizures the agencies confiscated 1.74 kg of opium, 8.12 kg of heroin, 56 kg of cannabis, and 4,965 bottles of alcohol during the six months.

1. RAWALPINDI / ISLAMABAD

Rawalpindi and Islamabad referred to as the twin cities are situated in the North east of the country. Rawalpindi is an old city which emerged from a village founded in around the 14th century, while Islamabad was founded in 1965 when it was decided to move the capital from Karachi in the South.

The total population of Rawalpindi and Islamabad according to the 1981 census is 1,159,916, with 628,565 males and 531,351 females. The majority of the population living in Rawalpindi is Punjabi Muslims, while very few people in Islamabad can say that they belong to this area. Most of the people residing in Islamabad are civil servants belonging to different parts of the country. Being the capital there is also a sizable number of foreign diplomats and representatives of international donor agencies in Islamabad.

The major occupation groups in Rawalpindi are production and related workers, transport workers and labourers. Other occupations in which people are engaged are government service, business, agriculture, and overseas employment. A large number of people from the area also serve in the military.

The literacy rate of the cities according to 1981 census was 58.8%, the male literacy rate was 68.8% as compared to 31.2% female.

Administratively, Rawalpindi comes under the jurisdiction of the Punjab province, while Islamabad and some areas around it are termed as the Federal Territory. Generally, better medical, educational facilities and other amenities are available to the population in Rawalpindi and Islamabad, than the rest of the country.

Rawalpindi and its adjoining areas also serve as a transit point for drugs originating from the North West Frontier Province to other parts of the country or abroad. An interesting feature of the area is that cannabis grows wildly in the area. Cannabis plants can be seen even around houses and pathways in the twin cities.

2. DATA SOURCES

Currently, there are 12 operational drug treatment facilities in Rawalpindi/Islamabad. One programme is being run in the Government Hospital, three self-help groups and eight treatment centers run by NGOs or commercial interest groups. The treatment programme in the Central Prison was terminated in November 1996.

During the reporting period of October 1, 1996 to March 31, 1997, the treatment data has been collected on a monthly basis by drug treatment centers only. For the month March data was provided by 3 centers, while from the month of October to February, data treatment was provided by 4 specialized drug treatment facilities. The specialized drug treatment centers include, Imran Center, Islamabad Christians Against Narcotics' Rehabilitation Center (ICAN), Naya Janam and Department of Psychiatry, Rawalpindi General Hospital.

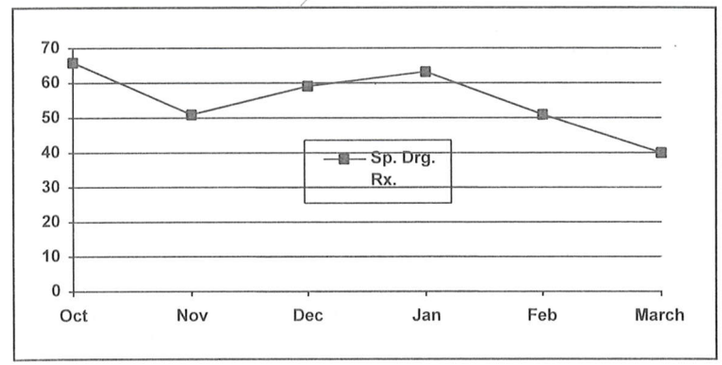
The law enforcement data was provided by the Police and Excise Department through the District Narcotics Control Committee, which is headed by the Deputy Commissioner of Rawalpindi.

3. DRUG ABUSE TRENDS

During the reporting period, 330 clients came for treatment at the participating centers. The total number of clients reported for each month is given in the **Chart 1**.

The number of clients for each month has not varied considerably. Out of 330 clients who came for treatment, 73% (242) were institutional admissions, while 27% (88) were non-institutional admissions. From the 242 institutional admissions 46% were new admissions while 54% were readmissions. Out of 88 non-institutional admissions, 56% were new admissions while 44% were readmissions. The number of readmissions both in institutional and non-institutional admissions are higher in the current reporting period than the previous one.

Chart 1: Total Numbers In Drug Treatment



4. PRIMARY DRUG OF ABUSE

While heroin has remained the main drug of abuse for which the majority (66%) of clients came for treatment, this percentage has decreased considerably from the previous quarter (October '96 - March '97) where it was 82%. There is an increase in the number of clients coming for treatment for drugs other than heroin. Whether this reflects a change in trends needs to be explored further. It is posited that with lesser availability of heroin, its adulteration to the extent of being 5 - 10% pure and reported use of adulterants like copper sulphate (which is causing serious threats to the health of users) may be causing drug addicts to switch to safer, cheaper and readily available drugs. The percentage comparison of the primary drugs of abuse for the two quarters is given in **Table 1**.

Table 1: Primary Drug Of Abuse

Category Of drug	Apr. - Sept. (%)	Oct. – Mar. (%)	↑↓
Heroin	82.2	66	↓
Cannabis	3.8	9	↑
Opium	4.68	6	↑
Buprenorphine	1.4	5	↑
Morphine	2.3	3	↑
Tranquilizer	1.9	4	↑
Alcohol	1.4	4	↑
Pentazocine	0	1	↑

5. POLYDRUG USERS

Of the total clients, 67% were polydrug users. This percentage is higher than the previous quarter where 54% of the clients were reported to be polydrug users. The majority (36%) of this group was using cannabis. Most of the clients have been reported to use more than one substance as their secondary drug. The breakdown of secondary drugs with their percentage and comparison with the previous six months is given in **Table 2**.

Table 2: Secondary Drugs Of Abuse

Category of drug	Apr. - Sept. (%)	Oct. - March (%)	↑↓
Cannabis	34	36	↑
Opium	5	9	↑
Tranquilizers	34	19	↓
Buprenorphine	3	2	↓
Sedatives	0	1	↑
Alcohol	23	32	↑
Codeine/Pethidine	0.4	1	↑

6. DEMOGRAPHIC CHARACTERISTICS OF DRUG ABUSERS

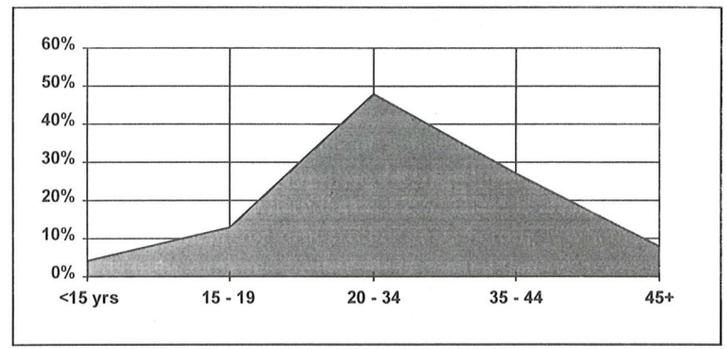
6.1 Sex Of The Clients

Out of the 330 drug addicts reported this quarter, 329 were male and only one female.

6.2 Patient's Age

48% of the clients who came for treatment were between the age 20 and 34 years, while 27% were between 35 and 44 years of age. The percentage of 20 - 34 years old drug users has dropped from 53% in the previous six months to 48% in the current reporting period. The number of clients who are 45 years and above has also dropped from 11 to 8% in the current six months. The percentage of clients between the age of 15 and 19 years has increased - 13% of the total clients. The breakdown of clients by age is given in **Chart 2.**

Chart 2: Distribution By Age



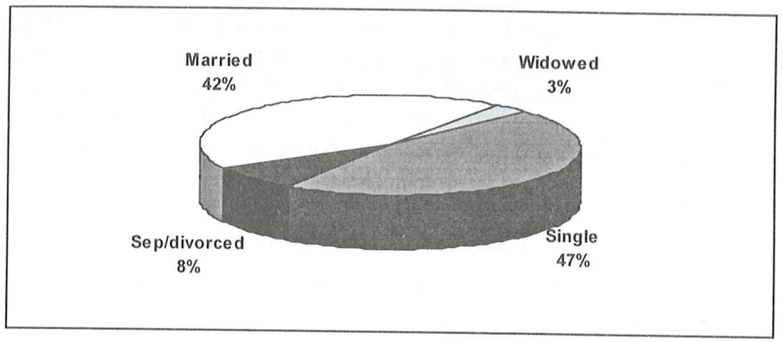
6.3 Patient's Ethnicity And Religion

While not all the participating centers have given data on the ethnicity of the clients, of those that have been reported, 84% were Punjabis, 7% were Pathans, and 4% were Sindis. Six foreigners (Iranian, Sri Lankan and Afghans) have also been reported from one treatment center.

6.4 Marital Status

The majority (47%) of clients coming for treatment was single/never married, while 42 % were married. As compared to the previous six months, there has been a slight reversal of the marital status of the clients coming for treatment; number of married clients has increased from 40% to 42%, and the percentage of those who were single has decreased from 50% to 47%. The distribution of clients by marital status is given in **Chart 3.**

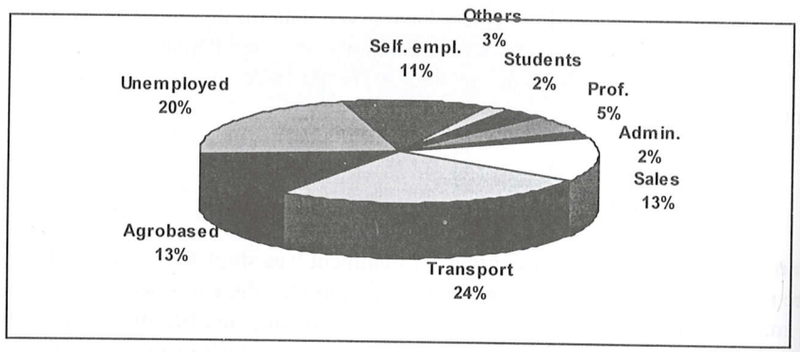
Chart 3: Marital Status



6.5 Occupational Status

Among the clients who came for treatment during the reporting period, 80% were employed. Within the employed drug addicts, the major occupational category (24%) was of "drivers and transport workers", followed by sales and clerical workers (13%) and agrobased workers (13%). The percentage of both sales and clerical workers and agrobased workers has increased in this quarter as against the previous quarter where they were reported at 9% and 8% respectively. The breakdown of occupational categories of the clients is given in **Chart 4.**

Chart 4: Occupational Status

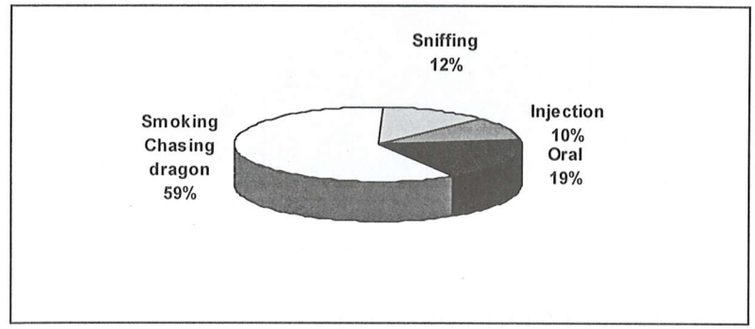


6.6 Route Of Administration

The route of administration of drugs for the majority (59%) of clients has remained smoking or chasing the dragon, but the percentage of clients using this route of administration has come down from 80% to 59%. Injection use was reported by 10% of

the clients. It may be noted that injection use reported here is primarily of opiates other than heroin and of tranquilizers. Oral use of drugs, primarily tranquilizers and sedatives, has increased from 9% in the previous quarter to 19% in the current one. Similarly, injection use is reported as 10% and sniffing as 12 % in the current quarter as against 5% each reported in the previous quarter. The breakdown of clients by route of administration is given in **Chart 5.**

Chart 5: Route Of Administration



6.7 Drug Sources

77% of the drug addicts obtained their drugs from street sources, while 9% bought from over the counter, 5% from dens, etc., 4% from prescription and 5% from diversion of prescription.

6.8 Living Arrangements

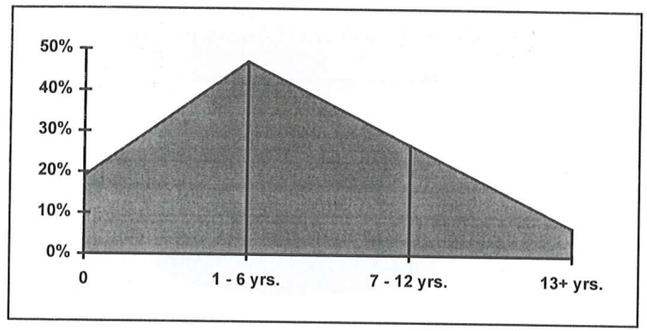
65% of the drug addicts were living with their families, while 20% were living alone and 15% with friends and colleagues. The changes that have occurred from the previous quarter are: as compared to 14% of the clients living alone, this percentage has increased to 20% in the current quarter, while the percentage of those who were living with friends and colleagues has increased from 6% to 15% in this quarter. The percentage of clients living with family and relatives has decreased from 80% in the previous quarter to 65% in this quarter.

6.9 Years Of Education

19% of the drug addicts reported were illiterate, 47% had one to six years of education and 27% had between seven to twelve years of education, 7% had thirteen or more than thirteen years of education.

Comparing the years of education among the clients for the two quarters, the percentage of illiterates has decreased from 36% to 19%, while the percentage of those with 1 - 6 years of education has increased from 34% to 47% in the current quarter. The educational status of drug addicts is given in **Chart 6.**

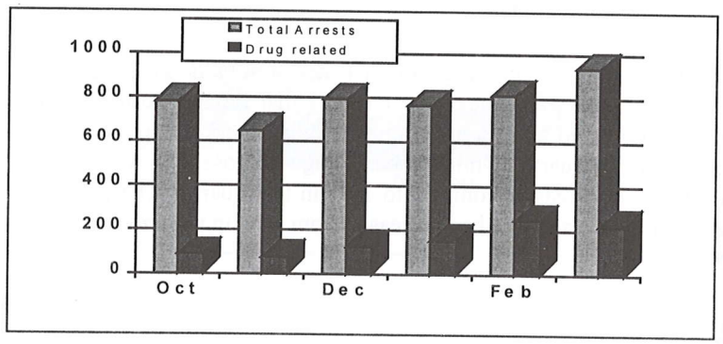
Chart 6: Educational Status



7. LAW ENFORCEMENT INDICATORS

During the six months' reporting period, 4,724 arrests were made for criminal offences. Out of these, 903 arrests were for drug related charges. While the total number of arrests for these six months has remained almost the same as of the previous six months, arrests for drug related charges has increased from 452 to 903 in the current reporting period. The monthly arrests for criminal and drug related offenses are given in **Chart 7.**

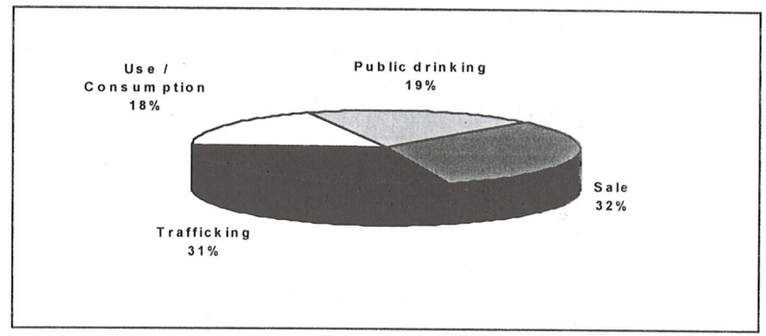
Chart 7: Total And Drug Related Arrests



Out of the total 903 drug related offences, 158 arrests were related to use or consumption of drugs, 291 for sale of drugs, and 280 arrests for trafficking of drugs. Other offences for which arrests were made included public drinking (of alcohol) and creating public nuisance were 119. The percentage wise breakdown of drug related arrests in given in

Chart 8.

Chart 8: Arrests For Drug Related Offences



As compared to the previous quarter, where 393 seizures were made, 546 seizures of different drugs were made in the current quarter. The drugs and the quantities seized for each month is given in **Table 3.**

Table 3: Seizures And Quantity Of Drugs Seized

Drugs Seized								
Drugs	Szrs	Quantity (kilograms/liters)						
		Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Total
Opium	3	0.00	0.00	0.00	0.065	1.675	0.00	1.74
Heroin	302	1.797	0.381	1.985	0.337	1.442	2.182	8.124
Cannabis	115	8.73	9.361	3.454	10.854	12.359	11.424	56.182
Alcohol	129	724	168	99	1336	2297	341	4965

During the same period a total of 211 traffic accidents were reported. The breakdown of accidents by each month is given in **Table 4.**

Table 4: Number Of Accidents

	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.
Number of accidents	36	32	38	40	32	33

However, no accidents as a result of drug intake have been reported by the police for this period.

8. HEALTH INDICATORS

There is no system of reporting or collecting data of psychological, or emergency room cases in hospitals. However, the number of drug related psychological cases as reported by the treatment centers were 28 out of the total 330 drug addicts. Similarly, 5 drug related emergency room cases have been reported by the treatment centers. Some treatment centers have reported pulmonary tuberculosis and other respiratory tract infections among clients coming for treatment.

9. HIV/AIDS

The total number of HIV/AIDS cases for the city has not been collected during this period. Also, the treatment centers do not have the facilities for HIV screening of their clients. However, one treatment center has reported a case of HIV positive client. Some of the drug treatment centers are now looking into the possibilities of having their clients, especially those who have been injecting drugs, screened for HIV/AIDS.

10. OPERATIONAL ISSUES

The drug abuse monitoring system in Rawalpindi / Islamabad has now been operational for 2 years. Despite the termination of the Integrated Drug Demand Reduction Project (IDDRP), the monitoring system has continued by voluntary interest of all concerned. Similarly, the Police and Excise Department through the District Narcotics Control Committee have continued to be very helpful in providing the law enforcement data for the system.

The Central Prison is one place which still has a large number of drug addicts brought in every month. With the termination of IDDRP, the treatment program being run (with the support of IDDRP) in the Central Prison by the Prisoners Aid Society has closed down. With this, detailed data regarding these inmates could not be obtained and thus an important source of information is being missed out.

Again with the closure of IDDRP, the Anti Narcotics Force had demonstrated an interest in seeing to the continuity of this monitoring system and its replication in the provincial capitals. A proposal to facilitate this process had been submitted to the ANF but they have not responded.

DRUG ABUSE IN MADRAS CITY, INDIA

M. Suresh Kumar
Punarjeevan Drug Treatment Centre
Madras, India

MADRAS OR CHENNAI

The universe considered for this study is Madras (Chennai), a cosmopolitan City. It is the capital of the Tamil speaking region (Tamil Nadu) of the country, India. It is situated on the north east end of Tamil Nadu on the coast of Bay of Bengal. It stretches nearly 25.6 kilometers along the Bay coast and runs a semi-circular fashion and covers 172 square kilometers. The total population is about four millions.

2. DATA SOURCES

The current paper focuses on the data obtained from the major treatment centre at Madras, the Institute of Mental Health. It is a Government sponsored deaddiction centre that provides inpatient services. The treatment programme consists of detoxification, psycho-educational approaches, individual and group therapy, family and marital therapy, deterrent drug treatment and relapse prevention programme. The reporting period is from July 1996 to Dec. 1996.

3. DATA FROM THE INSTITUTE OF MENTAL HEALTH

3.1 Drug Abusers In Treatment

During the period between July 1996 and December 1996, 925 persons were admitted to the Institute of Mental Health, for treatment of alcohol or drug dependence. Of these, 211 persons (22.9%) had a significant diagnosable psychiatric morbidity.

Table 1: Admissions And Psychiatric Morbidity

	July – Dec. 96	Jan. – June 96
Total number of persons admitted	925	853
With psychiatric morbidity	211 (22.9%)	174 (20.4%)

3.2 Primary Drug Of Abuse

Alcohol continues to be the primary drug of abuse among those admitted to the Institute. Heroin ranks second as the primary drug of abuse, while cannabis and buprenorphine are placed third and fourth, respectively.

Table 2: Primary Drug Of Abuse

Primary Drug	July – Dec. 96 n	July – Dec. 96 (%)	Jan. - June 96 (%)
Alcohol	626	67.7	66.5
Heroin	129	13.9	15.5
Cannabis	117	12.6	12.8
Buprenorphine	51	5.5	4.9
Others	2.0	.02	0.35

3.3 Polydrug Users

A total of 314 persons admitted to the Institute were polydrug users. Almost all of the opiate users were polydrug users. Cannabis and nitrazepam were the common secondary drugs of abuse.

Table 3: Rank Order Frequency Of Secondary Drug Of Abuse

Secondary Drug	July – Dec. 96 n	July – Dec. 96 (%)	Jan. - June 96 (%)
Cannabis	211	67.2	76.0
Nitrazepam	164	52.2	55.7
Alcohol	148	47.1	30.3
Buprenorphine	109	34.7	30.1
Diazepam (Inj.)	50	15.9	26.2
Chlorpheneramine maleate (Avil) Inj.	48	15.3	13.7
Heroin	15	4.8	6.3
Painkillers	7	2.2	4.1

3.4 Socio-demographic Characteristics

3.4.1 Gender

The number of female abusers admitted for treatment continues to be low. 24 females (2.6%) were admitted for treatment during the period of July 96-Dec. 96.

Table 4: Gender Of Drug Abusers

	No. Of Female Admitted	%
July - Dec. 96	24	2.6
Jan. - July 96	18	2.11

3.4.2 Age

The majority of the alcohol users is in the age range of 31-50 and the majority of other than alcohol users is in the age range of 18-30 years. About a third of all drug or alcohol users in treatment are below of 40 years of age.

Table 5: Age Distribution Of The Alcohol Or Drug Users

Age Range	July – Dec. 96 (N)	July – Dec. 96 (%)	Jan. - June 96 (%)
18-30	328	35.4	34.8
31-40	389	42.1	38.8
41-50	172	18.6	20.8
>50	36	3.9	8.8

3.4.3 Religion

65.6% of the addicts admitted for treatment are Hindus. The number of Muslims addicts admitted for treatment has increased from the previous six months.

Table 6: Religion Of Treatment Seekers

Religion	July - Dec. 96 (n)	July – Dec. 96 (%)	Jan. - June 96 (%)
Hindu	607	65.6	68.8
Christian	239	25.8	26.3
Muslim	61	6.6	3.5
Others	18	1.9	1.4

3.4.4 Education

The number of illiterates among the addicts is 8%. Out of this, 35.4% attended primary school and 45.5% have completed secondary school. The percentage of addicts with college education has increased to 11.1% from 6% in the previous quarter.

Table 7: Education Level Of Treatment Seekers

Education Level	July – Dec. 96 (n)	July – Dec. 96 (%)	Jan. - June 96 (%)
Illiterate	74	8.0	9.6
Primary school	327	35.4	33.3
Secondary school	421	45.5	51.1
College	103	11.1	6.0

3.4.5 Occupational Status

Majority of the drug or alcohol users admitted for treatment is employed and only 7.8% of the addicts are unemployed.

Table 8: Occupational Status Of Treatment Seekers

Occupation	July – Dec. 96 (n)	July – Dec. 96 (%)	Jan. – June 96 (%)
Unemployed	72	7.8	10.4
Casual labourers	218	23.6	21.6
Fishermen	96	10.4	12.7
Auto drivers	182	19.7	13.2
Rickshaw pullers	26	2.8	6.6
Small business	154	16.6	9.3
Artists	2	0.2	0.9
Mechanics	49	5.3	8.1
Agricultural workers	32	3.4	3.2
Electricians	64	6.9	8.7
Others	30	3.2	5.4

3.4.6 Marital Status

531 of the addicts admitted for treatment were married (57.4%)

Table 9: Marital Status Of Treatment Seekers

Marital Status	July – Dec. 96 (n)	July – Dec. 96 (%)	Jan. - June 96 (%)
Married	531	57.4	61.4
Unmarried	394	42.6	38.6

3.4.7 Living Arrangements

Only a minority of drug or alcohol users admitted for treatment has no accommodation (7.9%) and majority of them live with close family members - parents, spouse and close relatives (77%).

Table 10: Living Arrangements Of Drug Abusers

	July – Dec. 96 (n)	July – Dec. 96 (%)	Jan. - June 96 (%)
With parents or spouse	624	67.4	66.6
With close relatives	89	9.6	12.0
Alone	82	8.9	9.3
With friends	39	4.2	2.5
Hostels or Hotels	18	1.9	0.8
No accommodation	73	7.9	8.9

3.4.8 Route Of Administration

The routes of administration for drugs other than alcohol were: Injecting (50.5%); Smoking (39.1%); Chasing (2.7%); and Combination (7.7%).

Table 11: Primary Routes Of Administration Among Other Than Primary Alcohol Users

Route Of Administration	July – Dec. 96 (n)	July – Dec. 96 (%)	Jan. - June 96 (%)
Injecting	151	50.5	54.2
Smoking	117	39.1	38.2
Chasing	8	2.7	1.0
Combination*	23	7.7	6.6

* State more than one route as their primary routes of administration

3.5 HIV And AIDS

HIV antibody testing was done for all consenting intravenous drug users with pre and post-test counseling. During the period July 96 to December 96 the HIV sero-positivity among intravenous drug users was estimated at 19%.

Table 12: HIV Antibody Testing

	July – Dec. 96	Jan. - June 96
HIV sero-prevalence	19%	16%

4. LAW ENFORCEMENT INDICATORS

Table 13: Number Of Drug Related Arrests

Drugs Seized	Number Of Cases	
	Jan. - Dec. 96	Jan. - Dec. 95
Cannabis	2876	2495
Opium	3	7
Heroin	231	178
Cocaine	Nil	1
Inj. Buprenorphine	18	5
Diazepam	Nil	2
Poppy Caps	1	1
Nitrazepam	5	2

7.1 Drug Seizures

Table 14: Drug Seizures

Drug Seized	Jan. - Dec. 96	Jan. - Dec. 95
Cannabis -- Dry	5134kg	4240kg
Wet	45123kg	74092kg
Opium	2983kg	4835kg
Heroin	23.76kg	12.54kg
Inj. Buprenorphine	380amps	50amps

PATTERNS AND TRENDS OF DRUG ABUSE IN SRI LANKA - 1996

Y. Ratnayake
National Dangerous Drugs Control Board
Colombo, Sri Lanka

ABSTRACT

Opiate abuse or similar drug abuse was not considered as a problem in Sri Lanka, until recently. The use of ganja (cannabis) has a limited clientele and is confined mainly to the working class of those who engage in hard work in rural and urban areas. This class bias or the low 'value' given to the drug has been a major control over its spread to other segments of the society. With the arrival of heroin in the early 1980s, the country began to face a serious opiate problem which was indicated by increase in heroin related arrests, heroin seizures, related crime, and imprisonment for drug related offences. In Sri Lanka, there is no compulsory reporting system in respect of drug abuse. An event reporting system called Drug Abuse Monitoring System (DAMS) was established in early 1990 by the National Dangerous Drugs Control Board with UN assistance. Although in its infancy, it is the 'official' source of epidemiological information on drug abuse in the country. The drug abuse situation in 1996 was stable. Drugs of abuse did not shift significantly and the route of drug administration remained primarily by inhalation. There was no increase in psychotropic substance abuse and no new substances were introduced in significant amount to the drug using subculture. Pharmaceutical preparations containing narcotic drugs are not easily available without medical prescription. Incidents of illicit manufacture of drugs were not recorded. The number of drug dependents who seek help increased. Well-being of treated drug dependents has improved. The number of new recruits to drug abuse appears to be declining compared to previous years. Public awareness and participation of various sectors of the society in drug abuse prevention were good.

1. AREA DESCRIPTION

Sri Lanka is comparatively a small (62,337 sq. km) tropical island close to the southern end of India. The central hill country rises a little south of the centre of the island and is surrounded by a low-lying coastal plain. Sri Lanka had been ruled over a period of almost 24 centuries by a continuous monarchical chain, and the capital city has been moved from place to place within the island. Foreign domination began in Sri Lanka in 1505 with the advent of the Portuguese who ruled certain parts of the country until 1657, when the Dutch took over. The period of domination of the Dutch was 137 years, then they yielded to the British, who ruled the entire country for 150 years. In 1948, Sri Lanka got her independence. The mid-year population estimate for 1996 was 18.2 million, with a marginal male preponderance.

The population is multi-ethnic and multi-religious. Most of the people (78%) live in the rural areas. The Sri Lankan family is traditionally of the extended type. However, urbanization, population pressure, life style trends, employment of women, rising cost of living, difficulties in housing, etc., have been contributing to rapid shift towards the nuclear type.

Traditionally an agricultural country, Sri Lanka has recently begun to expand into other areas of production and export. Tourism is another economic area into which the country is moving rapidly. Recent years have seen many people seeking long term employment abroad. Many of them go abroad for low-income jobs. Due to this reason, many families have temporarily become single parent units. The health status of the country is better compared to that of other countries in the Southern Hemisphere. Education is provided free and schooling is compulsory in Sri Lanka. The country's literacy rate is 91% among males and 83% among females.

2. DATA SOURCES

The main source of the data presented in this paper is from the Drug Abuse Monitoring System (DAMS), which is the official source of epidemiological information on drug abuse in Sri Lanka. The DAMS is an event reporting system. Even though, it is not compulsory to report treatment events, Police Narcotics Bureau, all local police stations, and main treatment centres (GOs/NGOs) in the country send their information to the system, in specific forms, on a monthly basis. Other sources of information include Department of Prisons, Outreach Workers of the NDDCB stationed in several major cities, National Narcotics Laboratory of the NDDCB, and half-yearly key informant surveys.

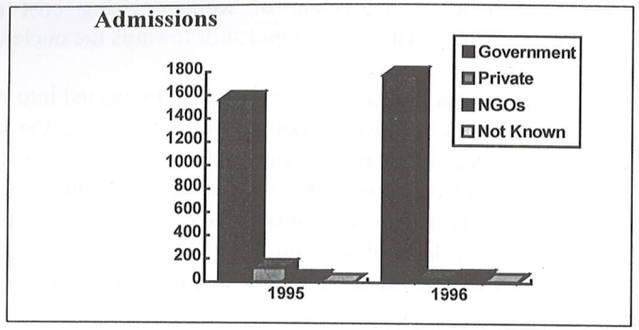
3. TREATMENT INDICATORS

This is an analysis of reports from the treatment facilities received by the Drug Abuse Monitoring System (DAMS) for 1996. The number of reports received in 1996 was 1857 compared to 1708 reports received in 1995.

3.1 Reporting Agency

Out of the 1857 reports received in 1996, 95.8% were from the Government treatment facilities, 2.0% from the non-government treatment facilities and 1.8% from the Private Medical Practitioners. In 1995, 91.4% of the 1708 reports received were from the Government treatment facilities, 1.5% from the non-government treatment facilities and 7.1% from the Private Medical Practitioners **(Exhibit 1).**

Exhibit 1: Distribution Of Reported Drug Users By Treatment Facility



Source: Drug Abuse Monitoring System

3.2 Type Of Treatment

Out of the 1857 drug dependents reported to the DAMS for 1996, 257 received allopathic treatment, 223 ayurvedic treatment, 210 acupuncture, and 52 homeopathic treatment. During this quarter, 1,387 dependents were treated in the treatment and rehabilitation centres of the National Dangerous Drugs Control Board. In 1995, 710 received allopathic treatment whilst 116 homeopathic and the number that received ayurvedic treatment was 53, and non-acupuncture.

3.3 Administrative District

Of the 1,857 reports received for the year 1996, 67.2% were from the Colombo district, 12.6% from Gampaha district, 6.5% from Galle district and 5.4% from Kandy district. These four districts put together reported the highest number of drug users in Sri Lanka. Situation in 1995 was the same.

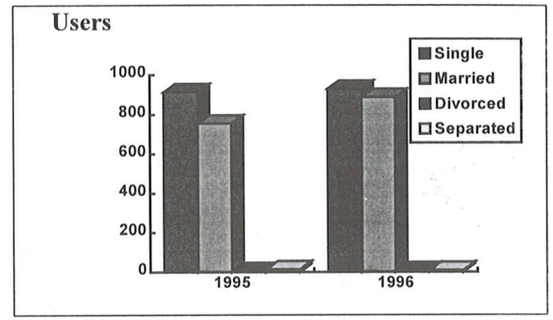
3.4 Sex

In 1996, 99.5% of the 1,857 reported drug users were male. There were 4 reports of female addicts. In 1995, 99.8% of the drug users were male.

3.5 Marital Status

There were 929 (50.0%) single drug users and 887 (47.8%) married drug users reported to the DAMS in 1996. The number of single and married drug users reported in 1995 were 913 (53.5 %) and 755 (44.2%), respectively **(Exhibit 2).**

Exhibit 2: Distribution Of Reported Drug Users By Marital Status



Source: Drug Abuse Monitoring System (DAMS)

3.6 Ethnicity

In 1996,1,612 (86.8%) Sinhala drug users were reported to the DAMS, the percentage of Moors reported was 6.3 whilst 3.4% were Tamils. The percentage of Malay drug users reported was 1.1 and 1.0% were Burghers. In 1995, 80.9% of drug users were Sinhala, 9.4 % were Moor, 6.6% were Tamil, whilst 0.9% were Burgher and 0.8% were Malay.

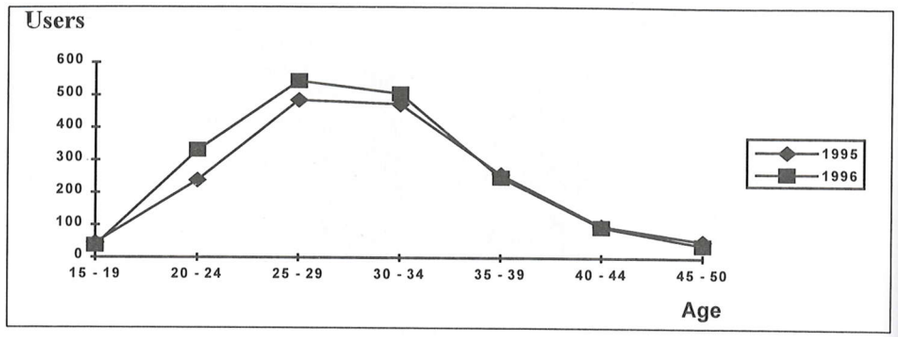
3.7 Religion

Of the 1,857 reports received for the year 1996, 74.7% were Buddhist whilst 1.4% Hindus, 8.7% Muslims and 13.1% Christians. According to the 1981 census, the percentage proportion of Buddhists, Hindus, Muslims and Christians in Sri Lanka were 69.3, 15.5, 7.6 and 7.5, respectively. In 1995, 69.8% of the reported drug users were Buddhists, 3.3% Hindus, 10.9% Muslims and 13.5% Christians.

3.8 Age

The majority of the drug users (75.3 %) were between the age of 20 and 34 in 1996. 70.0 % of the drug users were in the same age group in 1995 **(Exhibit 3).**

Exhibit 3: Distribution Of Reported Drug Users By Age



Source: Drug Abuse Monitoring System (DAMS)

3.9 Education Level

Of the 1,857 drug users reported in 1996 to the Drug Abuse Monitoring System, 62% attended school up to year 10. The number of drug users who completed the GCE O/Level was 32% and 6.4% completed the GCE A/Level examination. Among the drug users, (1.7%) had not attended school. In 1995, 64.0% of the drug users attended school up to year 10 whilst 26.9% and 5.6% completed their GCE O/Level and GCE A/Level examinations respectively.

3.10 Type Of Drug Abused

The majority of the reported drug users were heroin dependents (97.8 %). There were three (0.2%) drug dependents reported for cannabis use and 18 (0.7%) were reported for hashish use. Four persons (0.2%) were reported for opium use, compared to that of 97.2% for heroin use, 0.5% for cannabis use, 0.2% for opium use in 1995.

3.11 Route Of Drug Administration

Of the 1857 reported drug users, 1823 (96.5%) had chased (chasing the dragon) the drug. There were 8 (0.4%) intravenous drug users reported to the DAMS in 1996. The percentage of drug users reported who chased the drug in 1995 was 1658 (97.1%). There were 8 (0.5%) intravenous drug users reported in 1995.

4. LAW ENFORCEMENT INDICATORS

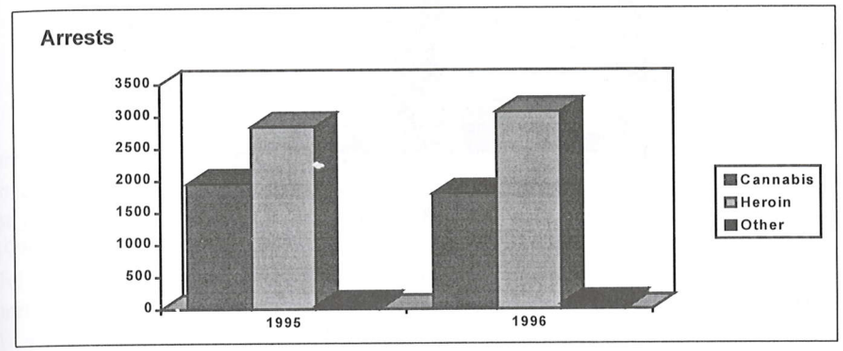
This is an analysis of 4940 reports received by the Drug Abuse Monitoring System (DAMS) from 207 police stations and the Police Narcotics Bureau (PNB) for the period of January to

December, 1996. The majority of drug related arrests were made by police stations in the Greater Colombo area. The situation was similar in 1995 and the number of reports received was 4849.

4.1 Type Of Drug

The majority (62.2%) of the drug related arrests reported were due to heroin related offences, while 36.3% were due to cannabis related offences. In 1995, 58.5% of the arrests were heroin related and 40.3% percent were cannabis related arrests **(Exhibit 4).**

Exhibit 4: Reported Drug Related Arrests By Drug



Source: Drug Abuse Monitoring System (DAMS)

4.2 Nature Of Offence

Out of the 4940 reported arrests to the DAMS, 3260 had "used" the drug, 1129 "sold" drugs and 493 were "addicts" compared to the 2860 arrested for "using" 1254 for "selling" and 711 who were "addicted" to drugs in 1995.

4.3 Method Of Drug Administration

The majority of the arrested persons (79.4 %) chased the drug, while 2.4% "sniffed" the drug. There were 25 cases (0.5%) of intravenous drug used reported in 1996. In 1995, for the same period of reporting 81.4% "smoked" the drug and 1.5% "sniffed" the drug. There were 9 cases (0.2%) of intravenous drug used reported to the DAMS during this period **(Exhibit 5).**

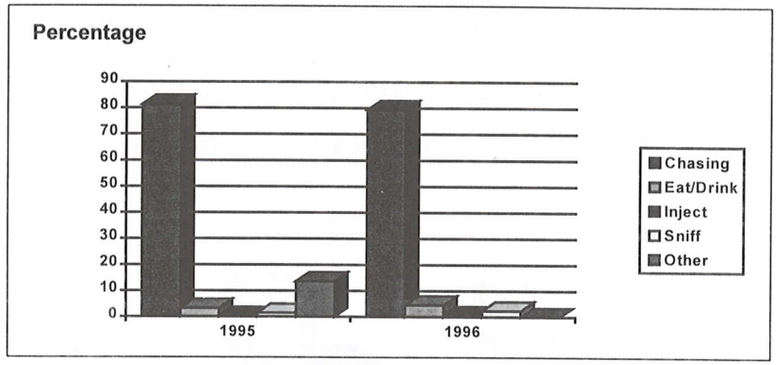
4.4 Sex

From January to December 1996, among the 4940 arrested, 4634 (93.8 %) were males whilst 258 (5.2 %) were females. The number of males arrested in 1995 was 4565 (94.1%) and the number of females was 238 (4.9 %).

4.5 Age

Of the 4940 reported arrests, 77.2% were in the age group of 20 - 39 years compared to 78.0% of that reported during the year 1995.

Exhibit 5: Reported Drug Related Arrests By Route Of Use



Source: Drug Abuse Monitoring System (DAMS)

4.6 Ethnicity

The number of Sinhalese arrested was 4040 (81.8 %) and the number of Moors was 372 (7.
%), and Tamil were 292 (5.9%). According to the census of 1981, 74% of the Sri Lanka
population were Sinhalese with 18.1% Tamil and 7.1% Moor. In 1995, the percentage
among Sinhala, Moor, and Tamil communities were 76.7, 59.8, 10.2 and 7.1, respectively.

4.7 Religion

Of the 4940 arrests reported to the DAMS, 3741 (75.7 %) were Buddhists whilst 456 (9.2 %
were Muslims. The number of Hindus were 274 (5.5%) and 244(4.9%) were Christians.
According to the 1981 census, the proportion of Buddhists, Hindus, Muslims and Christians
in the population was 69.3, 15.5, 7.6 and 7.5 percents respectively. The percentages of drug
related arrests among Buddhists, Hindus, Muslims and Christians were 74.3, 12.0, 6.4 and
3.2, respectively.

4.8 Education

Out of the reported arrests of 4940, 21.6% attended school up to year 5 and 29.5% up to year
8. The percentage that had attended up to year 10 was 21.0, whilst 8.6% completed the GCE
O/Levels and 1.0% had completed the GCE A/Levels. There were 1.3% professionally

qualified persons. Out of the persons arrested, 12.5% had not attended school. In 1995, 24.9% attended school up to year 5 and 26.4% up to year 8. The percentage that had attended up to year 10 was 16.9, whilst the percentage that had completed the GCE O/Levels and the GCE A/Levels were 8.1 and 0.1, respectively.

4.9 Marital Status

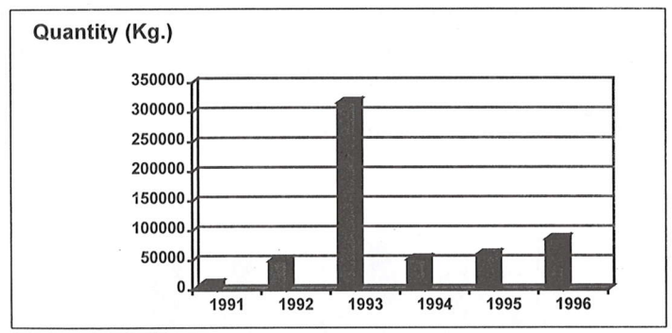
Of the 4940 persons arrested during the year 1996, 61.2% were married whilst 35.5% were single. During the year 1995, 59.4% were married whilst 37.8% were single.

5. DRUG ABUSE PATTERNS AND TRENDS

5.1 Cannabis

Cannabis is believed to be the most prevalently used illicit drug in 1996. Illegal cultivation of cannabis continued as in previous years in the jungle areas of Sri Lanka. Traditionally, it is mostly grown in the South Eastern region in the country. Although no survey has been done in 1996 (or in the recent past) on the extent of illicit cultivation of the cannabis plant, some useful information is available from the Police Narcotics Bureau's (PNB) 1995 Annual Report. According to the report, the cannabis plantations are mostly confined to an average of ¼ acre plots in the jungles and are also grown as a "side crop" by the cultivators of vegetables. Cannabis cultivators are mostly controlled by the local businessmen in their respective areas.

Exhibit 6: Quantity Of Cannabis Seized (In Kg.) During The Past Five Years

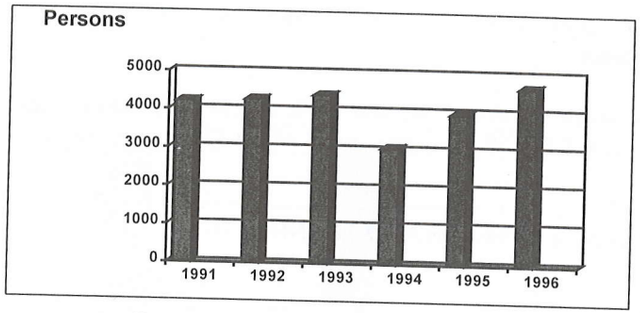


Source: Drug Abuse Monitoring System (DAMS)

The trafficking of locally produced cannabis is from outstations to Colombo. From the jungles, it is first brought to villages, then to towns and via provincial capitals to Colombo, mostly along with vegetable and other consumer goods. During the period of January to December 1996, cannabis seized were 85,342.384 kg **(Exhibit 6).** Cannabis is inexpensive,

compared to heroin or opium. Street value of cannabis was around Rs. 2. 20 per gram. Mos of the cannabis offenders were young male adults in 1996.

Exhibit 7: Number Of Persons Arrested For Cannabis Related Offences From 1991-95



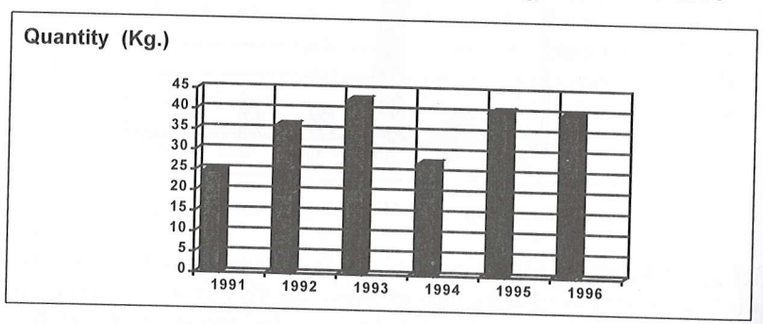
Source: Drug Abuse Monitoring System (DAMS)

The smoking of dried cannabis flowers is now being resorted to by a certain class of people in Colombo, who can afford to pay a high price this product demand. One kilogram of dried flower fetches Rs. 10,000 (US $ 175) as compared with Rs. 2000 (US $ 35) for the normal dried cannabis leaves.

5.2 Heroin

Heroin is the most frequently abused illicit opiate. 'Brown Sugar' (number 3 heroin) is available in most parts of the island as in the previous year. In 1996, the quantity of heroin seized was 39.815 kg **(Exhibit 8)** by the drug enforcement officers. Bulk of it came from India and lesser quantities of it from Pakistan. The average purity of heroin seized in bulk was about 50% to 55% morphine and that of street level heroin was around 40%. The average street price of no.3 heroin ranged between Rs. 1,000 to Rs. 1,200 per gram.

Exhibit 8: Quantity Of Heroin Seized (In Kg) From 1991-1995



Source: Drug Abuse Monitoring System (DAMS)

5.2.1 Method Of Heroin Administration

Inhaling of heroin vapor or "chasing the dragon" (locally known as 'Chinese method') was the much preferred method of use as in the previous years. Very few injecting drug dependents were reported.

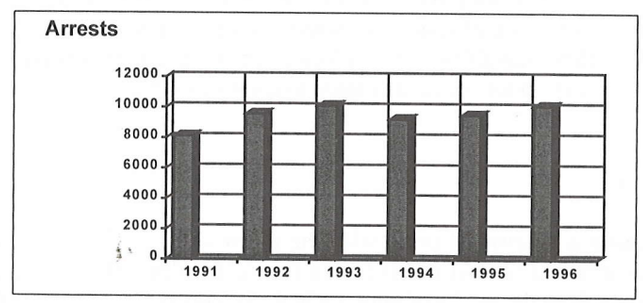
5.2.2 IV Drug Use

Details are not available on specific characteristics of injectors but a case reported by an Outreach Assistant on a regular injector gives a "snap shot" of them: The drug injector had needle marks on his body which confirm his drug injecting career. According to him, he could cut down on his heroin costs from Rs. 600 to 200 per day (i.e. by about 75%) by resorting to injecting heroin. He had revealed that he used to go to a heroin injecting "doctor" in his area for his shots. However, after some time he had stopped going to the "doctor" because he was cheated - the "doctor" had given only half the dose for a price of one. Presently he injects drug on his own. "....a packet of heroin would be emptied into a spoon, dissolved by adding water and a bit of lime juice. Then, it would be boiled in a spoon over a flame. The content of the spoon will be sucked into a syringe through an unused cigarette filter. Using a staple around his arm, having located a vein (it would be confirmed by dragging some blood from the vein to the syringe) the drug is injected into the vein...".

5.2.3 Heroin Market

The heroin dealing, in towns outside Colombo was apparently done by small scale traffickers who travel between Colombo and outstations. They supply heroin mostly to local street level pushers-cum-users who would generally resell the stock for a commission of 1-2 packets of heroin for every 25-30 packet sold. The traffickers use buses, night train or sometimes 'three wheelers' from Colombo to transport heroin with them.

Exhibit 9: Number Of Persons Arrested For Heroin Related Offences From 1991-1995

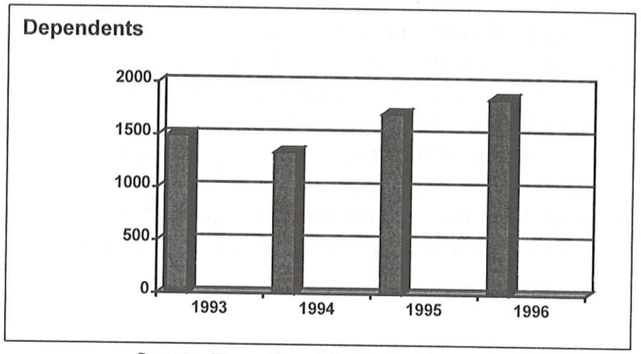


Source: Drug Abuse Monitoring System (DAMS)

5.2.4 Heroin Use In Colombo

Colombo city and its suburbs reported the highest number of heroin users. Many heroin users from Colombo come from "gardens" (shanty/slum areas) and densely populated lanes who are generally considered as "poor" by the main-stream of the society. However, many of the users earned between Rs. 200-400 a day as wages during the period under review. Many worked in the informal sector of the city's work force and their employments were generally seasonal. The profile of the heroin users in Colombo more or less fit their counterparts in other towns as well.

Exhibit 10: Admission For Treatment By Heroin Dependents From 1993-1995



Source: Drug Abuse Monitoring System (DAMS)

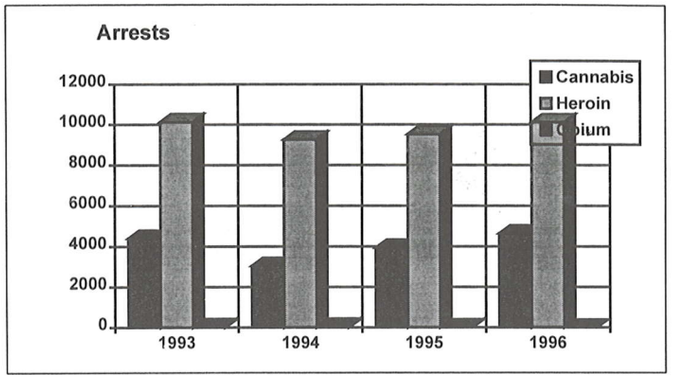
5.2.5 Treatment

Heroin dependents in the country sought to a variety of treatments. These treatments range from popular inpatient detoxification and rehabilitation at NDDCB treatment centres, outpatient treatment from allopathic medical practitioners, homeopathic treatment, ayurvedic treatment, self-medication by drugs obtained from pharmacies and other outlets, seeking spiritual help from religion, deities based treatment, making vows at various places of worship, and changing their place of residence. Some heroin dependents had taken treatment at psychiatric wards without identifying themselves as heroin users. It was reported that in Anuradhapura that three heroin users had attempted to commit suicide.

5.3 Opium

Opium abuse has taken a downward trend with the dawn of the 1980s. However, opium continues to be available and abused in Sri Lanka over a long period of time. The abuser obtains his requirement from the stocks of opium which are imported for medicinal purposes, or from the stocks which are illegally brought into the country.

Exhibit 11: Number Of Persons Arrested For Drug Related Offenses From 1993-95



Source: Drug Abuse Monitoring System (DAMS)

5.4 Psychotropic Substances

No significant detection was made in 1996. According to the Police Narcotics Bureau, Psychotropic substances such as ecstasy are brought into Sri Lanka by certain individuals on their returns from overseas. These drugs are brought in for their own use and for the use of close associates and the quantities brought are not in commercial quantities.

PART 1 – Section Three

REGIONAL REPORTS
(January – December 1996)

A COMPARISON OF DRUG ABUSE PATTERNS OF SELECTED EAST ASIAN CITIES — 1995/96

Center for Drug Research
Universiti Sains Malaysia

ABSTRACT

Drug treatment and law enforcement data were collected using a standardized instrument in seven East Asian cities: Bangkok, Kuala Lumpur, Manila, Hanoi, Yangon, Vientiane and Singapore. Information from treatment sources indicated significant variations in drug abuse patterns between these cities. Heroin was the most widely used illicit substance among clients admitted for treatment and rehabilitation in Bangkok, Kuala Lumpur, Yangon and Singapore. In Hanoi, both heroin and opium use were the predominant problems. Polydrug abuse of amphetamines, alcohol, cannabis and cough syrups was widespread in Manila. In Vientiane, alcohol abuse was predominant. Injecting drug use was common in Bangkok and Hanoi. In Kuala Lumpur smoking or 'chasing the dragon' was the main route of drug administration. There are some variations in the socio-demographic profile of drug dependents contacted by treatment agencies between the cities. The number and rate of drug-related arrests varied between the seven cities. Differences in the types and quantity of drugs that were seized were also observed.

1. METHOD

Using a standardized instrument, members of the Asian Multicity Epidemiology Work Group collected information on a number of epidemiological indicators. These include drug treatment and law enforcement data, drug-related health and social indicators. These data are monitored on a quarterly basis.

2. DATA SOURCES AND TIME PERIODS

The number of quarterly reports received from participating cities varied. Manila and Kuala Lumpur had provided the most up to date reporting (July 1992 - December 1996). Bangkok had reported data from 1992 to December 1996. Hanoi had submitted annual figures from January 1994 to December 1996. In the case of Yangon information was available for 1994 and January - September 1996. Vientiane had reported data for the period April - June 1996 only, while Singapore provided data for the year 1995.

Data sources varied between these seven cities. Kuala Lumpur reported aggregated data on all drug dependents who were contacted by governmental agencies (i.e. police, prison, treatment centers, etc.) for the first time over the reporting period. These data are

obtained from the National Drug Information System. The sources of information on treatment indicators of the other cities include both specialized drug treatment facilities and primary or general health facilities (in the case of Bangkok and Hanoi). In Bangkok, treatment data are collected from four specialized drug treatment centers and 34 primary/general health care facilities. Treatment data from Manila are available from 9 of the 13 drug treatment centers operating in the city. There is one drug treatment and rehabilitation center and four primary/general health care facilities in Hanoi. Treatment data are reported by all of these sources. Yangon has only one specialized drug treatment center.

Data on law enforcement indicators were obtained from law enforcement agencies such as the police and prisons. Comparability of the nature of drug abuse between the cities was limited due to variation in sources of information and the types of cases from which data on treatment indicators were collected (i.e. new or first admissions, or total, which included both new and readmissions). Nonetheless the use of a standardized data collection instrument had facilitated the collection of data of selected core drug abuse indicators. Inspite of these differences some common features, as well as city variations could be inferred from the available information.

This paper presents a comparison of the socio-demographic profile and drug abuse patterns of drug dependents admitted for drug treatment in the seven cities. The reporting period from which data were analyzed varied between the cities: Bangkok (January - December 1996), Kuala Lumpur (January - December 1996), Manila (January - December 1996), Hanoi (January - December 1996), Yangon (January - September 1996), Vientiane (April - June 1996) and Singapore (1995). Law enforcement data that were reported by the cities for the same period are also described.

3. DEMOGRAPHIC CHARACTERISTICS OF CITIES

A comparison of selected demographic features of the cities with the exception of Singapore is presented in **Exhibit 1**. Most of the cities have provided the recently updated census data except for Bangkok and Kuala Lumpur. Bangkok has the largest population size of about six million followed by Hanoi (2.53 million) and Yangon (2.51 million). Both Manila and Kuala Lumpur have less than two million people, while Vientiane has slightly over half a million people. The proportion of male and female is almost similar within each city. There are variations in the distribution of age groups between the cities. For example, Hanoi and Bangkok have a larger proportion of the population who are above thirty four years of age. Kuala Lumpur, Manila, Yangon and Vientiane have a relatively younger population. This is indicated by the larger proportion of people who are below twenty years of age. The distribution of the marital status of the city populations is about similar. All the cities have a larger proportion of people who are single. Data on marital status was not available for Hanoi. The data on number of people in the household was available only for Bangkok and Kuala Lumpur where household sizes were comparatively small ranging from 2 - 5 persons. Comparison of the levels of education of the city populations showed Kuala Lumpur,

Hanoi and Vientiane having a higher proportion of its people with 7 - 12 years of education.

4. CROSS-CITY COMPARISON

4.1 Total Number Of Drug Treatment Admissions

The sources of data varied between the cities. Kuala Lumpur had reports of all drug dependents identified by both treatment and law enforcement agencies. No distinction was made between the two categories. Since most of the newly identified drug dependents are channeled into some form of treatment facilities in Malaysia because of mandatory treatment, reports are thus basically reflective of the treatment population. In the case of the other cities, information was obtained from treatment admissions. The number and capacity of treatment facilities available within each city differs. This is indicated by the substantial variation in total number of treatment admissions between the cities.

In Bangkok a total of 11,730 persons were admitted for treatment, (8,572 or 73.1% in specialized drug treatment facilities and 3,158 or 26.9% in primary or general health care) in 1996. Of the total treatment admissions, 39.3% were new and the rest were readmissions. In 1994 and 1995, a total of 25,551 and 16,517 individuals were admitted for drug treatment, respectively. This indicated a marked decrease in total admissions in 1996 compared to the two previous years.

From January to December 1996, a total of 1,059 new drug dependents were detected for the first time in Kuala Lumpur. The total number in treatment for the year was 3,020.

In Manila, a total of 358 new treatment admissions were recorded for the period January to December 1996. The number of readmissions was only 24.

A total of 2,330 drug dependents were admitted into drug treatment facilities in Hanoi during 1996. In the second half of 1995, 584 drug dependents were treated, significantly higher than the first six months. A three fold increase in treatment admissions was recorded for the first half of 1996 (i.e. 1,951 cases), out of which 90% were readmitted cases. A majority of the cases were reports from the community based treatment facilities. Since a gross figure was reported, there was no breakdown by quarters.

In Yangon, an aggregated total of 185 new drug dependents were admitted for treatment during the review period. For the second quarter of 1996, Vientiane reported a total of only 10 drug dependents admitted into its only primary and general health care center. In Singapore a total of 6,016 drug dependents were detected; this figure was derived from arrests data compiled by law enforcement agencies.

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4.2 Patient Socio-Demographic Characteristics

More than 90% of the clients admitted for treatment, in the cities with the exception of Manila (88.8%), were male (**Exhibit 2**). This is suggestive of the severity of the drug abuse problem among the male population in all the cities. It must also be noted that the extent of the problem among females may not be reflected here because the existing treatment facilities in most of the cities are mainly for male drug dependents.

A comparison of the other characteristics of drug abusers among the cities indicated a rather wide variation, particularly with regard to employment status, the level of education and marital status where data was available. Most of the clients from Bangkok, Kuala Lumpur, Manila, Yangon and Singapore who were admitted for treatment were between the ages of 20 and 34. Singapore and Manila also have a larger percentage of teenagers who were admitted for treatment (40.8% and 23.7%, respectively) when compared to the other cities. Vientiane and Hanoi recorded the highest percentage of patients who were thirty five and above years of age (72.2% and 46.9% respectively). Overall the age distribution of the drug abusers contacted within each city differed from that of the general population of the city. Comparing these two age group categories it is evident that the reported age-specific incidence rates of drug abuse cases is significantly higher among those between twenty and thirty four years of age when compared to the other age categories.

The distribution of employment status differed significantly between the six cities. Kuala Lumpur and Manila have the largest percentage of patients who were employed (92.7% and 65.8%, respectively) prior to entry into treatment. Hanoi (59.9%), Vientiane (50%) and Yangon (43.2%) reported a larger percentage of unemployed. A small percentage of clients that were reported from all cities (except Kuala Lumpur) were students.

Information on years of educational attainment revealed that a majority of drug abusers who were treated in most of the cities had between six and twelve years of education. Singapore, Hanoi and Bangkok have a larger proportion (70.0%, 38.0% and 32.0% respectively) of those who had less than six years of education. Manila has the highest percentage (39.5%) of patients who had more than twelve years of education. A majority of the drug abusers from each city were unmarried.

Data on distribution of patient ethnicity was available for Kuala Lumpur for the second half of 1996, Singapore and Hanoi. In Kuala Lumpur and Singapore, most of the addicts who sought treatment were Malays, 75.0% and 52.2% respectively. The proportion of Indian addicts is almost similar in the two cities i.e. around 15%, however, a larger percentage of Chinese addicts in Singapore (32.2%) sought treatment compared to 7.6% in Kuala Lumpur.

The differences in the background characteristics of drug abusers is an indication of the types of drug abusers that were contacted by treatment facilities or other governmental agencies in each city. They may or may not represent the general drug abuser population within each city.

4.3 Pattern Of Drug Use

Opiate type drugs were widely abused in all cities with the exception of Manila and Vientiane (**Exhibit 3**). Heroin was the primary opiate and drug of abuse among drug dependents who were contacted by treatment facilities in Bangkok (92.9%), Kuala Lumpur (62.6%), Yangon (93.5%) and Singapore (94.0%). A variety of opiates were abused among treatment admissions in Hanoi. Opium use was predominant with 35.1% who have reported its use. Opium addiction, however, is rare in the other cities. Only Yangon reported a larger percentage (1.6%). Reports on morphine abuse was mainly from Hanoi (10.3%).

Cannabis abuse among treatment admissions is widespread in Kuala Lumpur (31.8%) and Manila (15.2%). The abuse of cannabis was also observed in Singapore (5.0%) and Bangkok (0.9%).

Manila is the only city which recorded a highly varied pattern of drug abuse. A variety of other non-opiate drugs were abused. Amphetamines was top on the list with 34.4%, of patients reporting its use, followed by alcohol (24.0%) and cough syrups (13.5%). Solvents (1.4%) were also abused, but to a much lesser extent. Other (10.5%) types of drug such as benzodiazepines and analgesics were also abused. Polydrug use was widespread with 99.4% of patients who had reported such a feature of use.

The mode of drug administration varied substantially among the cities where heroin was the primary drug of abuse. Smoking or 'chasing the dragon' was the most common route of administration in Kuala Lumpur (92.5% of patients) with a lesser extent in Bangkok (26.9%) and Hanoi (5.1%). Injecting drug use was the main feature in Bangkok (70.6%) and Hanoi (34.1%). Inhalation was popular in Hanoi (60.2%) and to a lesser extent in Vientiane (20%). In this city, it was also observed that the majority of addicts were taking drugs orally (80%). Only 4.7% of patients in Kuala Lumpur reported injecting use. Only Bangkok reported a small number of patients (0.7%) using multiple routes of drug administration. Data on route of administration was not collected in Manila, Yangon and Singapore.

Street sales was the primary source of drugs in Manila, while in Hanoi all the patients who were admitted had procured their drug supply from the black market.

4.4 Drug-Related Offenses

Law enforcement indicators such as drug seizures and drug-related arrests are influenced by enforcement priorities, availability of resources as well as policy. Thus changes in these indicators may be the result of changes in the above factors rather than real changes in the extent of the problem. The total number and rate per 100,000 of persons arrested for drug-related offences varied substantially between the cities. These differences may be a reflection of the extent of police activity or law enforcement in each city. The wider policy and legal aspects associated with drug abuse may also be influencing factors.

Bangkok has the highest number (24,666) and rate (419.32 per 100,000 population) of arrests for drug-related offences when compared to the other cities (**Exhibit 4**). Kuala Lumpur recorded the next highest rate (116.76 per 100,000 population). Among the rest of the cities, Hanoi and Manila reported lower figures i.e. 49.04 and 43.26 respectively. Vientiane recorded the lowest rate of 3.2 per 100,000 population. Variation in duration of reporting should be considered when comparing the rates.

The types of drug-related offences also differed greatly between the cities. Arrests for use/consumption is the most predominant form of offence in the cities of Bangkok (57.0%) and Kuala Lumpur (37.9%). Arrests for possession is more common in Vientiane (64.7%), Hanoi (40.3%) and Bangkok (35.0%). Kuala Lumpur had reported a sizable percentage 19.5% and 14.9% of arrests for possession and sale of drugs respectively. Arrests for trafficking were significant in Manila (53.1%), Vientiane (35.3%), Hanoi (26.8%) and Kuala Lumpur (23.9%). Data on arrests for drug related offences were not available for Yangon and Singapore.

4.5 Drug Seizures

The types and quantity of drugs that were seized varied between the cities. A wider range of drugs were seized in Bangkok between January to December 1996. They include 0.066 kilograms of opium, 193.78 kilograms of heroin, 137.49 kilograms of cannabis, 238.54 kilograms of amphetamines, 90.28 kilograms of solvents, 1.34 kilograms of psychotropic substances and 375.74 kilograms of kratom plants. In Kuala Lumpur 68.21 kilograms of opiates, 78.97 kilograms of cannabis and 20,589 psychotropic pills were seized in 1996. The seizures of psychotropic pills was a significant increase of 178% over the previous year. In addition, 224 Ecstasy pills were seized during the second half of 1996. Cannabis (353.23 kilograms) and amphetamines (43.08 kilograms) were seized in Manila over the same period (**Exhibit 4**).

In Hanoi 89.5 kilograms of opium and 1.5 kilograms of cannabis were the only reported drug seizures during 1996. Vientiane had reported 435 kilograms of cannabis and 48.8 kilograms of opiate type seizures during the reporting period. The only drug seizure reported from Singapore was 48,513 psychotropic pills in 1995.

4.6 Health And Social Indicators

Information on these indicators was incomplete in most of the cities. Drug-related HIV cases were reported by Bangkok, Yangon and Manila. In Bangkok, a total of 1,693 HIV cases and 3,023 AIDS cases were detected over the period September 1984 to December 1995. About 20% of these HIV/AIDS cases were drug-related. In Yangon, 115 drug-related HIV cases were detected in 1994. There were also reports of 79 drug-related psychological cases and 4 drug-related deaths. By December 1996, Hanoi recorded a total of 33 HIV/AIDS cases, out of which 23 were drug injectors. Manila had reported 46 HIV/AIDS cases and 81 drug-related psychological cases for the year 1996.

During the reporting period Vientiane recorded 11 HIV/AIDS cases and 3 emergency room cases.

Exhibit 1

A Comparison Of Selected City Demographic Indicators

INDICATORS	BANGKOK 1990	KUALA LUMPUR 1991	MANILA 1995	HANOI 1996	YANGON 1994	VIENTIANE 1995
TOTAL POPULATION OF CITY/METROPOLITAN	5,882,411	1,145,075	1,654,761	2,526,600	2,513,023	531,800
	%	%	%	%	%	%
SEX						
MALE	48.1	51.0	49.9	49.8	50.2	50.4
FEMALE	51.9	49.0	50.1	50.2	49.8	49.6
AGE						
< 15	21.5	36.8	31.3	29.6	33.6	37.2
15 - 19	11.3	13.2	11.3	9.9	12.1	11.7
20 - 34	36.2	37.5	31.5	25.0	26.9	26.3
> 34	31.0	12.5	25.9	35.5	27.4	24.8
NO. OF PEOPLE IN HOUSEHOLD						
1	7.9	8.7	NA	NA	NA	NA
2-5	68.0	61.4				
6-10	22.2	28.0				
11+	1.8	1.9				
NUMBER OF YEARS OF EDUCATION						
0	6.7	24.7	NA	9.0	(0) 19.2	24.1
1-6	46.2	34.2		39.0	(1-4) 34.7	28.7
7 -12	29.4	37.5		42.0	(5-8) 28.8	34.0
>12	17.6	3.6		8.8	(9-10) 11.3	13.6
					(10+) 5.9	
MARITAL STATUS						
SINGLE	45.8	50.6	46.6	NA	46.8	59.3
SEPARATED	2.6	0.8	0.6		1.6	1.7
MARRIED	47.4	44.8	48.7		45.6	35.2
WIDOWED	3.9	3.8	3.8		5.1	2.4
OTHERS	0.3	0.0	0.3		0.9	1.4

NA - Not Available

Exhibit 2

Demographic Characteristics Of Drug Abusers By City

CHARACTERISTIC	BANGKOK 1996	KUALA LUMPUR 1996	MANILA 1996	HANOI 1996	YANGON Jan - Sep 1996	VIENTIANE Apr - Jun 1996	SINGAPORE 1995
	N=11,730 Total %	N=1,059 New %	N=358 New %	N= 2,330 Total %	N=185 New %	N=10 Total %	N=6,016 Total %
SEX OF PATIENT							
Male	96.3	95.8	88.8	98.9	98.4	100.0	91.2
Female	3.7	4.2	11.2	1.1	1.6	-	8.8
PATIENT AGE							
< 15	0.5	1.0	6.4	2.4	0.0	-	(<20) 5.7
15 - 19	20.2	14.0	23.7	(<18) 1.2	7.6	18.2	(20-29) 40.8
20 - 34	58.1	71.2	52.4	(18-30) 49.6	82.2	9.1	(30-39) 38.8
> 34	21.2	14.1	17.6	(30+) 46.9	10.3	72.7	(>40) 14.8
PATIENT EMPLOYMENT STATUS							
Employed	52.9	92.7	65.8	29.4	46.5	30.0	NA
Unemployed	35.6	7.3	27.1	59.9	43.2	50.0	
Students	11.5	-	7.1	10.8	10.3	20.0	
NUMBER OF YEARS OF EDUCATION							
0	1.3	3.8	0.0	4.9	1.1		
< 6	32.0	18.6	12.9	38.0	9.2	NA	70.0
6-12	62.1	76.7	47.7	54.1	73.5		30.0
> 12	4.6	0.8	39.5	3.0	16.2		
PATIENT MARITAL STATUS							
Single	64.3	NA	51.8	NA	64.9	18.2	NA
Separated	5.2		6.1		3.2	-	
Married	26.9		30.6		31.9	81.8	
Widowed	3.7		0.0		0.0	-	
Live-In	-		11.4		0.0	-	
PATIENT ETHNICITY		**(Jul - Dec 96)**					
Malay	NA	75.0	NA	(Kinh) 98.5	NA	NA	52.2
Chinese		7.6					32.2
Indian		14.6					15.6
Others		2.8		1.5			

NA - Not Available

Exhibit 3

Types Of Drugs Abused, Route Of Drug Administratio And Drug Sources By City

CHARACTERISTIC	BANGKOK 1996	KUALA LUMPUR 1996	MANILA 1996	HANOI 1996	YANGON Jan - Sep 1996	VIENTIANE Apr - Jun 1996	SINGAPORE 1995
	N=11,730 Total	N=1,059 New	N=358 New	N=2,330 Total	N=185 New	N=10 Total	N=6,016 Total
PRIMARY DRUG OF ABUSE	%	%	%	%	%		
Opiate Type			0.88				
Opium	0.2	0.1	-	35.1	1.6	-	-
Morphine	0.02	3.0	-	10.3	-	-	-
Heroin	92.9	62.6	-	51.1	93.5	9.1	94.0
Others	-	-	-	0.5	4.3	-	-
Cannabis Type	0.9	31.8	15.2	-	-	-	5.0
Cocaine Type	0.02	-	0.1	-	-	-	-
Amphetamines	4.4	-	34.4	-	-	-	-
Solvents	1.3	0.1	1.4	-	-	18.2	-
Alcohol	-	-	24.0	-	-	72.7	-
Cough Syrups	-	-	13.5	-	0.5	-	-
Others	0.2	0.2	10.5	3.0	-	-	1.0
Poly Drug Users	6.8	-	99.4	-	-		-
ROUTE OF ADMINISTRATION							
Inhalation	0.0	0.2	NA	60.2	NA	20.0	NA
Injection	70.6	4.7		34.1		-	
Oral	0.4	2.7		0.3		80.0	
Smoking/Chasing	26.9	92.5		5.1		-	
Sniffing	1.3	0.1		-		-	
Other	-	-		0.3		-	
Multiple Routes	0.7	-		-		-	
DRUG SOURCES							
Street Sales	NA	NA	72 - 81%	100%	NA	NA	NA
Legal Prescription			2 - 6%	(Black Market)			
Diversion of Prescription			3 - 12%				
Others			7 - 9%				

NA - Not Available

Exhibit 4

Law Enforcement Indicators By City

INDICATORS	BANGKOK 1996	KUALA LUMPUR 1996	MANILA 1996	HANOI 1996	YANGON Jan - Sep 1996	VIENTIANE Apr - Jun 1996	SINGAPORE 1995
NO. OF PERSONS ARRESTED FOR DRUG-RELATED OFFENCES	24,666	1,337	716	1,239	NA	17	6,016
RATE PER 100,000 POPULATION	419.32	116.76	43.26	49.04		3.2	-
	%	%	%	%		%	%
Arrests For Use/Consumption	57.0	37.9	33.1	32.9		-	-
Arrests For Possession	35.0	19.5	13.8	40.3		64.7	-
Arrests For Sales	7.7	14.9	0.0	0.0		-	-
Arrests For Trafficking	0.2	23.9	53.1	26.8		35.3	-
Other Drug-related Offences	0.1	3.9	0.0	0.0		-	-
QUANTITY OF DRUGS SEIZED (KG)							
Opiate Type	-	0.04	-	89.5	NA	8.0	-
Opium	0.066	-	-	-		-	-
Heroin	193.78	68.17	-	-		40.8	-
Cannabis Type	137.49	78.97	353.2271	1.5		435.0	-
Cocaine Type	-	-	0.5	-		-	-
Amphetamine Type	238.54	-	43.08464	-		-	-
Solvents/Inhalants	90.28	0	-	-		-	-
Other Drugs (Psychotropic Subs.)	1.34	(Ecstasy) 224pills	-	-		-	48,513 pills
Kratom Plants	375.74	-	-	-		-	-
Phensedyl (Litre)	-	-	-	-		-	-
Comethazine	-	-	-	-		-	-
Hallucinogen Type	-	20,589 pills	-	-		-	-

NA - Not Available

A COMPARISON OF DRUG ABUSE PATTERNS OF SELECTED SOUTH ASIAN CITIES — 1995/96

Center For Drug Research
Universiti Sains Malaysia

1. DEMOGRAPHIC CHARACTERISTICS OF CITIES (Exhibit 1)

1.1 Population

The population data from each city varies by year. Dhaka has the largest population size of 6.6 million (in 1995) followed by Madras (3.8 million in 1991). Population data for Colombo and Islamabad were available as at 1981 only, 1.7 million and 1.2 million for the two cities respectively.

1.2 Gender

The proportion of male and female is almost similar among the cities with slightly more male.

1.3 Age Groups

Comparison in age groups of city populations is limited by variation in the categories that are used by the cities. The distribution of age groups is similar for Dhaka and Islamabad except for the 20 - 34 age category (13.2% and 23.3% respectively). Both cities have a quarter of the population in the above 35 years age group and more people in the under 15 years age group. The age group distribution is not available for Madras.

1.4 Marital Status

A larger proportion of the population, 55.4% in Dhaka and 51.5% in Colombo are single compared to Islamabad (29.4%). A higher percentage of the population in Islamabad (65%) are married compared to the other two cities. Information on the marital status of the population is not available for Madras.

1.5 Years Of Education

A larger proportion of the population in Dhaka (43.2%) and Islamabad (41.2%) had no formal education compared to Colombo (18.0%). Colombo had more people with 6 - 12 years of education while Islamabad had the highest number of people with tertiary level

of education (17.0%) compared to the other two cities. Overall, where data was available for the cities more than half the city populations had some formal education.

2. COMPARISON CHARACTERISTICS OF DRUG ABUSERS BY CITIES (Exhibit 2)

2.1 Reporting Period

The aggregated data of each city which are used for this cross-city comparison differ. The reporting period for each city is as follows:

Colombo	-	January - December 1996 (12 months)
Dhaka	-	September 1995 - December 1996 (16 months)
Islamabad	-	January - December 1996 (12 months)
Madras	-	January - December 1996 (12 months)

2.2 Total Number Of Drug Dependents Reported

All the cities have data from only specialized drug treatment facilities (except in the case of Islamabad where data were reported from both specialized drug treatment facilities and prison until September 1996. Thereafter for the last quarter of 1996, data was reported from the treatment centers only. The total number of drug treatment admissions are as follows:

Colombo	-	1,843 (no breakdown by new and readmissions)
Dhaka	-	1,987 (80.7% are new admissions)
Islamabad	-	1,131 (52.3% are new admissions)
Madras	-	1,778 (no breakdown by new and readmission)

2.3 Reporting Agency

Colombo	-	The Drug Abuse Monitoring System / Research and Publication Division, Dangerous Drugs Control Board
Dhaka	-	Central Treatment Center (Drug Addiction Cure Hospital)
Islamabad	-	Integrated Drug Demand Reduction Project
Madras	-	Institute of Mental Health

2.4 Sex Of Patients

Almost all of the patients from each city were male (98 - 99%).

2.5 Patient Age

The age groups of the patients were almost similar for all the cities except Madras which had different age group categories. In all the cities, the majority (between 51% and 79%) of the patients were in the 20 - 34 years age group. The second largest age category of drug abusers was 35+ years. In Islamabad, more than a third of the total number of abusers (39.6%), in Colombo (21.3%) and in Dhaka (15.9%) were in this age category. In Madras about one third (35.2%) of abusers were in the 18-30 years age group, while more than half (60.1%) were aged between 31 - 50 years.

2.6 Patient Marital Status

The proportion between the marital status of single and married among the drug abusers were almost similar, except for Madras where more were married (59.3%). Among the cities, Islamabad had the highest (8.4%) of patients who were separated/divorced.

2.7 Employment Status

The unemployed featured quite prominently in the occupational status in Dhaka (35.7%) and Islamabad (22.3%). In all the cities, a sizable proportion (30% to 58%) fell under the 'others' category which were mostly laborers. In all the cities, drivers made up a significant portion of the total occupation profile of drug abusers (7- 24%). Sales and clerical workers accounted for a sizable proportion of employment among abusers in all the cities (9 - 11%) except Madras. Students accounted for a significant proportion of the occupation profile of drug abusers (11.2%) in Dhaka.

2.8 Educational Attainment

Information on years of education attainment revealed a similar proportion among all the cities (with the exception of Colombo) where over 50% of the patients had between 6 - 12 years of education. Colombo had the largest (88.9%) proportion of patients who had between 6 - 12 years of education. In Islamabad, a significant proportion (31.7%) of the patients had no formal education while almost one third proportion each had less than 6 years and between 6 - 12 years of formal education. In Madras, more than one third of abusers had less than 6 years of education. Dhaka (12.4%) and Madras (8.7%) had a fairly significant proportion of the patients who had more than 12 years of education.

2.9 Patient Ethnicity

Data on distribution of patient ethnicity was available for Colombo and Islamabad (April - December 1996). In Colombo, consistent with the demographic profile of the city population, the Sinhalese formed the largest group of addicts (88%). In Islamabad the ethnic profile of the addicts who came for treatment was 73.8% Punjabis, 9.9% Pathans and the rest of other ethnicity. In Madras, data on breakdown of patient's religion showed the majority (67.2%) to be Hindus, followed by Christians 26%.

3. PATTERNS OF DRUG USE (Exhibit 3)

3.1 Primary Drug Of Abuse

Heroin was the primary drug of abuse among drug dependents in the treatment facilities of all the cities except Madras. Almost all (97.9%) of the patients in Colombo and most of the patients in Islamabad (78.5%) abused heroin. On the other hand, about half of the patients in Dhaka (51.6%) abused heroin. In Dhaka, a significant proportion of abuse of other opiate drugs such as pethedine and phensedyl (39.9%) were detected. Madras reported a small proportion (5.2%) of buprenorphine abuse.

Cannabis was abused by a small percentage of patients in all cities. Alcohol consumption was high in Madras (67.1%). Consumption of opium (4.6%) was highest in Islamabad.

More than half of the patients (64.3%) in Islamabad were polydrug users, followed by 32.9% in Madras while only a small percentage in Dhaka (9.2%) were polydrug users. Data were not available from Colombo.

3.2 Route Of Drug Administration

The route of drug administration varied among the cities. Smoking or 'chasing the dragon' was the most popular route of drug administration in Islamabad (75%), Dhaka (51.5%), Colombo (41.5%) and Madras (40.5%). In Madras slightly more patients (52.3%) were injecting while in Dhaka 25.8% were taking drugs orally. In Colombo more than half the addict population (57%) were using other routes of drug administration. In Dhaka and Madras a growing number (7 - 9%) were also using other routes of drug administration. This diverse pattern is attributed to the varied types of drug that were abused.

Islamabad has the most detailed information on drug sources where a growing source of supply was over the counter (5%). Street sales were the primary of source of drugs in all the cities where data was available.

4. LAW ENFORCEMENT INDICATORS (Exhibit 4)

4.1 Drug-Related Arrests

The number of drug-related arrests of each city for the reporting period was Colombo 4,308, Dhaka 3,843, Islamabad 1,092, and Madras 3,134. Data on number and type of arrests was not available for Madras while Dhaka showed the total of all offences. The types of drug-related arrest varied among the cities. In Colombo, the majority were arrests for drug use/consumption (73.6%) and sales (24.8%). In Islamabad, the distribution was almost equal for the common drug related offences of arrests for use/consumption (26.6%) arrests for sales (29.0%), arrests for trafficking (21.3%) and arrests for other drug related offences (23.0%).

4.2 Rate Of Drug-Related Arrests

The rate of drug-related arrests per 100,000 population was highest for Colombo (253.5 per 100,000) followed by Islamabad (94.1 per 100,000), Madras (81.6% per 100,000), and Dhaka (58.4 per 100,000). The differences may be a reflection of the variation in extent of police activity or law enforcement in each city.

4.3 Drug Seizures

Opiates and cannabis were seized in all cities with cannabis being the main drug seized. (Data were not available from Colombo). The quantity of these two drugs that were seized varied among the cities. Madras recorded the largest amount of cannabis seizures (50,257kg) followed by Islamabad (7,528.6 kg) and Dhaka (2,102 kg). Madras also recorded the largest amount of heroin seized (23.8 kg) while smaller amounts were recorded by Islamabad (18.47 kg) and Dhaka (3.40 kg). Under the opiate types, Dhaka reported a sizable amount of codeine (5,158 liters) and pethedine (599 amp) seizures.

In addition to opiate and cannabis seizures, Dhaka reported sizable seizures of alcohol, 692,889 liters and 10,618 amp. of buprenorphine while in Islamabad 3,874 bottles of alcohol were seized.

Exhibit 1

General Population Demographic Indicators

CHARACTERISTICS	COLOMBO 1981	DHAKA 1995	ISLAMABAD 1981	MADRAS 1991
Total Population	1,699,241	6,577,308	1,159,916	3,841,396
	%	%	%	%
Sex				
Male	52.6	55.9	54.0	51.7
Female	47.4	44.1	46.0	48.3
Age				
< 15	(<18) 35.9	46.4	40.6	NA
15 - 19	(>18) 64.1	(15 - 24) 17.2	10.4	
20 - 34		(25 - 34) 13.2	23.3	
35+		23.2	25.7	
Ethnicity	(Sinhala) 77.6 (Tamil) 11.2 (Moor) 8.3 (Malay) 0.3	NA	(Punjabi) 70.0 (Others) 30.0	NA
Marital Status				
Single	59.5	55.4	29.4	NA
Separated/Divorced	0.3	0.5	5.6	
Married	37.0	39.8	65.0	
Widowed	3.2	4.3		
Others				
Years of Education				
Zero	(0) 18.0	43.2	(0) 41.2	NA
1 - 6	(1- 5) 14.6	(1 - 5) 24.9	(1 - 5) 15.8	
7 - 12	(6-12) 63.8	(6 - 12) 27.6	(6 - 10) 26.0	
13+	(13+) 3.6	(13+) 4.3	(11+) 17.0	

NA - Not Available

Exhibit 2

Demographic Characteristics Of Drug Abusers By City

CHARACTERISTICS	COLOMBO 1996	DHAKA Sept 95 - Dec 96	ISLAMABAD 1996	MADRAS 1996
	N = 1,843	N = 1,987	N = 1,131	N = 1,778
	%	%	%	%
Sex of Patients				
Male	99.8	99.7	99.6	97.6
Female	0.2	0.3	0.4	2.4
Patient Age				
< 15 years	0.0	0.1	3.8	35.2
15 - 19 years	2.1	5.8	6.0	40.5
20 - 34 years	76.6	78.9	50.6	19.6
35+ years	21.3	15.9	39.6	4.7
Patient Marital Status				
Single	50.3	51.7	48.5	40.7
Separated/Divorced	0.9	1.5	8.4	0.0
Married	48.3	46.7	40.5	59.3
Widowed	0.1	0.1	2.5	0.0
Other	0.3	0.0	0.1	0.0
Patient Occupation				
Professionals	1.3	0.3	1.9	0.0
Administrators	3.3	0.0	2.7	0.0
Sales & Clerical	9.0	11.2	10.0	0.0
Drivers	15.5	7.4	24.3	16.6
Cultivators	10.3	0.1	8.0	3.3
Unemployed	12.8	35.7	22.3	9.1
Small Business	4.8	0.0	0.0	13.1
Students	0.1	11.2	0.7	0.0
Others	42.8	34.1	30.1	57.9
Years of Education				
Zero	1.3	21.0	31.7	8.8
< 6 years	9.3	23.5	37.1	34.4
6 - 12 years	88.9	43.1	26.1	48.2
> 12 years	0.5	12.4	5.1	8.7
Ethnicity	88 3.4 6.4 1.2 1	NA	(Punjabi) 73.8 (Pathan) 9.9 (Sindi) 0.5 (Others) 15.8	**Religion** (Hindus) 67.2 (Christians) 26.0 (Muslims) 5.1 (Others) 1.7

NA - Not Available

Exhibit 3

Types Of Drug Abused And Route Of Administration By City

CHARACTERISTICS	COLOMBO 1996	DHAKA Sept 95 - Dec 96	ISLAMABAD 1996	MADRAS 1996
	N = 1,843	N = 1,987	N = 1,131	N = 1,778
	%	%	%	%
Primary Drug Of Abuse				
Opiate Type				
Opium	0.2	0.0	4.6	0.0
Morphine	0.0	0.0	2.4	0.0
Heroin	97.9	51.6	78.5	14.7
Other Opiates	0.0	39.9	3.0	0.0
Cannabis Type	0.1	5.1	5.0	12.7
Amphetamines	0.0	0.0	0.0	0.0
Sedatives	0.0	0.0	1.3	0.0
Minor Tranquilizers	0.0	1.8	0.0	0.0
Solvents/Inhalants	0.0	0.0	0.0	0.0
Alcohol	0.0	1.5	2.3	67.1
Buphrenorphine	0.0	0.0	0.0	5.2
Other	1.8	0.0	0.0	0.3
Polydrug Users	0.0	9.2	64.3	32.9
Route Of Admin/Use				
Inhalation	0.0	0.0	1.2	0.0
Injection	0.3	13.5	6.2	52.3
Oral	0.7	25.8	11.7	0.0
Smoking/Chasing	41.5	51.5	75.0	40.5
Sniffing/Snorting	0.4	0.0	5.9	0.0
Other	57.0	9.2	0.0	7.2
Drug Sources				
Street Sales	NA	99.5	82.7	NA
Over- the-counter			5.0	
Prescription			2.8	
Div. of Prescription Drugs		0.5	1.5	
Other (specify)			7.9	

NA - Not Available

Exhibit 4

Law Enforcement Indicators By City

OFFENCES	COLOMBO 1996	DHAKA Sept 95 - Dec 96	ISLAMABAD 1996	MADRAS 1996
Number of Arrests	N = 4,308	N = 3,843	N = 1,092	N = 3,134
	%	%	%	
Arrests for Use/Consumption	73.6		26.6	NA
Arrests for Possession	0.0		0.0	
Arrests for Sales	24.8	100*	29.0	
Arrests for Trafficking	1.7		21.3	
Arrests for Conspiracy	0.0		0.0	
Other	0.0		23.0	
Rate of Drug-Related Arrests Per 100,000 Population	253.5	58.4	94.1	81.6
Quantity of Drug Seized				
Opiate Type				
Opium (kg)	NA	0.063		2,983
Heroin (kg)		3.401	18.467	23.76
Codeine (liter)		5,158	-	
Pethidine (amp)		599	-	
Cannabis (kg)		2,102	7,528.591	50,257
Solvents/Inhalants (litre)		-		
Alcohol (litre)		692,889	3874 bottles	
Phensedyl (litre)		-	-	
Buphrenorphine (amp)		10,618	-	380

NA - Not Available

PART 2 – Section One

ASIAN COUNTRY REPORTS
(January - September 1997)

CURRENT STATUS AND SOME CHARACTERISTICS OF DRUG ABUSE IN CHINA

Cai Zhi-Ji
National Institute On Drug Dependence
Beijing Medical University

Drug problem in China is now spreading to almost every part of the country. The major drug of abuse is still heroin. **Table 1** summarises reports of different epidemiological investigations on drug abuse in several provinces. Figures in **Table 1** reflect the current demographic features of drug (mainly heroin) addicts. They showed some similarities with those in previous years: majority of the drug addicts is male; most of the addicts are young adults with low education level; self-employed and unemployed make up the larger part of the addicts.

Table 1: Demographic Features Of Drug Addicts In 1997

	Item	%
Sex (n =8383)	Male	78.0
	Female	
Age (n = 5105)	= 25a	51.0
	26 ~ 35a	42.7
	= 36a	6.3
Educational Level (n = 7900)	= Junior Middle School	71.2
	Senior Middle School	27.0
	College, University	1.8
Profession (n = 2497)	Worker	2.5
	Peasant	1.7
	Cadre	0.4
	Self-employed	26.1
	Unemployed	56.5
	Attendant	2.0
	Others	10.8
Marital Status	Single	45.3
	Married	28.6
	Cohabiting	12.6
	Separated	1.5
	Divorce	11.1
	Bereft of spouse	0.9

- ***Increase In Proportion Of Female Addicts***

While male remains the larger proportion of drug addicts in the population, current survey showed that the number of female addicts is increasing gradually. For example, the proportions of female addicts in 1991, 1993, 1995 and 1997 were 12.6%, 15.3%, 20.5% and 22.0%, respectively. The proportion of female addicts in 1997 and 1995 was significantly ($P<0.01$) higher than that in 1991 and 1993 **(Table 2).**

Table 2: Comparison Of Demographic Features Of Drug Addicts' Sex In 1991 - 1997

	Male		Female		
	n	%	n	%	Total
1991	1231	87.4	178	12.6	1409
1993	2473	84.7	445	15.3	2918
1995	1615	79.5	417	20.5*	2032
1997	6540	78.0	1843	22.0*	8383

* $P<0.01$ compared with 1991 and 1993.

- ***Addicts' Education Level***

The majority of the addicts have low educational background. The 1997 survey, shown that 71.2% of the addicts was illiterate or attended elementary or junior middle school. The percentage of addicts among students at senior middle school, college or university is increasing in recent years. For example, the proportions of addicts that attended senior middle school and higher educational institution in 1991, 1993, 1995 and 1997 were 8.8%, 6.9%, 11.2% and 28.8%, respectively **(Table 3).**

Table 3: Comparison Of Demographic Features Of Drug Addicts' Education Level In 1991 - 1997

Year	Higher Level ★ n	%	Lower Level ☆ n	%	Total
1991	10	8.8	104	91.2	114

★ ≥ Senior Middle School
* $P<0.01$ compared with 1991, 1993 and 1995
# $P<0.01$ compared with 1993

Polydrug abuse is common among drug addicts. In 1996, the National Institute on Drug Dependence (NIDD) conducted a survey on polydrug abuse in two provinces, Yunnan (south-west part of China) and Heilongjiang (north-east part of China).

Benzodiazepines (diazepam, triazolam) are the most frequent drugs used among polydrug users in both provinces. While DHE and pethidine are also the favourites among polydrug users in Heilongjiang Province.

Table 4: Polydrug Abuse In Two Provinces

	Yunnan (N=64)		Heilongjiang (N=123)	
Drug Of Poly-Abuse	n	%	n	%
Heroin	63	98.4	70	56.9
Opium	1	1.6	1	0.8
Pethidine	1	1.6	72	58.5
Morphine	-	-	2	1.6
DHE	-	-	111	90.2
Methadone	3	4.7	2	1.6
Buprenorphine	1	1.6	23	18.7
Diazepam	47	73.4	86	69.9
Triazolam	13	20.3	64	52.0
Tramadol	4	6.3	10	8.1
AP-237**	-	-	9	7.3
APC#	1	1.6	3	2.4
Cannabis	-	-	1	0.8
Amphetamine	-	-	1	0.8

* DHE : Dihydroetorphine
** AP-237 : Qiang-Tong-Ding, a domestic-developed analgesic
# APC : Compound tablet of aspirin, phenacetin and caffeine

PATTERN AND TRENDS OF DRUG ABUSE IN DHAKA, BANGLADESH

Dr. Md. Abdus Sobhan & Dr. Khaleda Begum
Central Drug Addiction Treatment Centre
Department Of Narcotics Control
Government Of The People's Republic Of Bangladesh

ABSTRACT

Information regarding demographic and other drug related data has been collected from patients attending the Central Drug Addiction Treatment Centre over a period of 6 months (April 1997 to September 1997). The total number of patients is 1112. The number of readmissions is 62 (5.57%). The trends of drugs (abused) virtually remain similar to those of the previous year. Heroin ranks first (61.60%) and alcohol is least abused (0.99%). Age group shows similar pattern, 20 - 34 years group had the most number of addicts (79.58%). Married and self-employed groups are highest among the abusers (55.49% and 33.45% respectively). Almost all the drugs are procured from street-sales. The number of arrests is higher this time (1,801), where the majority is due to possession of alcohol (50.7%). Other trends are almost similar to those of the previous periods.

1. INTRODUCTION

Drug abuse is growing in Bangladesh and its socioeconomic effects are being felt throughout the society. To understand the nature and extent of the problem, it is necessary to take into account and analyse different sources of data on the incidence, prevalence, morbidity, and other consequences associated with the problem.

Data sources in current situation are quite scarce. Moreover, at an organization level the scourge of drug abuse which pose positive threat to the very fabric of our society and its tradition and values, encouraged the government to launch a five-year master plan for drug abuse prevention. Under its sector plan for treatment and rehabilitation, there is an urgent provision for a rapid assessment survey and development of client monitoring network. Without a baseline information about the extent of the problem, we would not able to address an issue whose nature we are not fully aware of, and struggle often counter productively, to implement programmes which may not be suitable to the issue. With a national and regional database we can pool all our available information to establish a sound understanding of the nature of the problem. Programmes generated thereby would be able to address the issue more effectively. The rapid assessment survey has been completed and a national strategy for the 5 year plan is also ready to be adopted by the Government.

1.1 Area Description

Dhaka, the capital of Bangladesh, encompasses an area of 116 square miles. It is one of the most densely populated cities in South-East Asia and metropolitan Dhaka has a population of 6.54 million. The male and female ratio stands at 1.27:1. 46.3% of the population is below 15 years of age and more than 30% between 15 and 30 years. Nearly half of the households have 6 - 9 members in the family and 43.2% of the population above 5 years of age do not have any formal education. Per capita GDP of the city population is Tk. 7,617.00. The city is well connected with rest of the country by air, marine, rail and road transport system. There is regular container service to the city from two seaports and communication is easy from districts having common border with neighbouring countries and long unguarded beach. Dhaka has air routes to most of the major cities of the world. The city is now in the grip of massive internal migration.

Table 1: Area Description (Dhaka)

Name	:	Dhaka
Status	:	Capital of Bangladesh, Metropolitan City
Area	:	116 sq. miles
Population	:	6.54 million
Male : Female (ratio)	:	1.27 : 1
Below 15 years	:	46.3%
15 to 30 years	:	30%
GDP (of city population)	:	Tk. 7,617.00
Communication transport system	:	Local: By road, railway, air, marine International: By air
Facilities for Treatment	:	Government: 40-bed hospital N.G.O. : Total about 100 bed facilities
Daily Migration of People To the City	:	2 million (approx.).
Slum-dwellers	:	4 million (approx.).

2 DATA SOURCES

The data related to treatment indicators are collected solely from the Central Treatment Centre, the only public establishment of such kind, from both outpatient clinic and in-patient facilities. A semi-structured questionnaire, meant for routine information collection, was mainly used. Both the clients and their accompanying relatives were interviewed. Information from other data sources like private treatment centres, other public facilities and emergency rooms could not be made available because of various reasons.

Those sources usually do not have any organised data collection system and they usually do not entertain each and every case of walking into their clinics. However, efforts are being taken to form a continuous liaison and stable networking between different agencies dealing with the drug abuse problem. Data from prison source could not be made available as it is barred for the time being due to administrative reasons. The channel would be reestablished very soon. Data related to arrest and seizures are obtained from the Department of Narcotics Control and those for traffic accidents from the Central Treatment Centre. Health and social indicators are collected from the treatment seekers. A uniform and reliable questionnaire is being developed for better monitoring. All the information provided in this report are gathered during April 1997 to September 1997.

3. DRUG ABUSE TRENDS

3.1 Overall Drug Use

Data collected over six months (from April 1997 to September 1997) shows almost the same trend as observed over the past years. The number of abusers seeking treatment shows a gradual rise. Opiates are still the most frequently abused drugs and heroin use remains the highest among them, followed by codeine phosphate in the form of cough syrup named 'Phensedyl'. However, a number of parenteral drug users are currently using buprenophine injections. There is no remarkable change in the trend of cannabis, sedative-hypnotic, alcohol or polydrug abuse **(Table 2)**.

Table 2: Number Of Patients By Primary Drug Abuse

Type Of Drugs	N	%	Previous Year (%)
Heroin	685	61.60	55.73
Other Opiates	287	26.0	24.02
Codeine	145	13.04	16.05
Buprenorphine	125	11.24	7.01
Pethidine	15	1.35	0.94
Cannabis	44	3.95	4.72
Sedatives	22	1.98	1.61
Alcohol	11	0.99	1.07
Polydrugs	63	5.66	12.82

None of the treatment seekers is below 15 years of age and 79.58% are between 20 and 34 years of age **(Table 3)**. About 47% of the drug addicts had 7 to 12 years of education **(Table 4)**. All of the treatment seekers in this quarter are male **(Table 5)**.

Table 3: Age-Wise Distribution Of Treatment Seekers

Age In Years	N	%	Previous Year (%)
Under - 15	00	00	00
15 - 19	37	3.33	5.39
20 - 34	885	79.58	80.16
35 - 44	171	15.38	12.41
45 + years	19	1.71	2.42

Table 4: Number Of Years Of Education

Years	N	%	Previous Year (%)
Zero	251	22.57	20.51
1 - 6	200	17.99	18.89
7 - 12	526	47.30	48.85
13 +	135	12.14	11.74

Table 5: Sex-Wise Distribution Of Treatment Seekers

Sex	N	%	Previous Year (%)
Male	1,112	100	99.73
Female	00	00	0.27

More than 31% of the treatment seekers are unemployed. Among those who are employed, petty business people, those working in clerical jobs, professionals and students make up a larger number in the population of the addicts **(Table 6)**.

Table 6: Occupation-Wise Distribution Of Treatment Seekers

Occupation	N	%	Previous Year (%)
Professionals	04	0.36	00
Sales/Clerical Worker	168	15.11	13.49
Driver/Transport Worker	86	7.73	6.47
Self-employed (Business)	372	33.45	29.41
Agriculture Worker Agrobased	06	0.54	0.06
Unemployed	347	31.21	37.78
Student	91	8.18	9.85
Others (Labours)	38	3.42	2.56

There is no significant difference between married and unmarried population among the drug users **(Table 7)**. However, it may be assumed that the married population is more under family and social pressure to seek treatment. All of the drug abusers included in this study are currently living with their families and the majority of them come from crowded families **(Table 8)**.

Table 7: Marital Status Of Treatment Seekers

Status	N	%	Previous Year (%)
Unmarried/Single	475	42.71	47.77
Divorce/Separated	20	1.80	1.61
Married	617	55.49	50.60
Widower	00	00	00

Table 8: Living Arrangement

Type Of Living	N	%	Previous Year (%)
Alone	05	0.45	00
Living with Family	1,107	99.55	100

Heroin in this country is almost always smoked or chased. So is most of the preparation of cannabis. As mentioned earlier, parenteral use of buprenorphine is showing a gradual rise **(Table 9)**. Alarmingly, more and more drugs are available on the street nowadays **(Table 10)**.

Table 9: Route Administration Of Drugs

Route	N	%	Previous Year (%)
Parenteral	141	12.68	7.96
Oral	178	16.00	18.75
Smoking	729	65.56	60.45
Other (Multiple)	64	5.76	12.82

Table 10: Drug Sources

Source	N	%	Previous Year (%)
Street Sale	1,112	100	100
Legal Prescription	00	00	00
Diversion of Prescription Drugs	00	00	00

According to the information available from the Department of Narcotics Control, 1,801 persons are arrested for drug-related offences over these 6 months, mostly for possessing, trafficking and vending. Most of the arrests are for alcohol related offences. Similarly, most of the seizures are for alcohol followed by cannabis and Phensedyl.

Road traffics accident among treatment seekers shows a little rise and most of those are related to narcotic use **(Table 11)**. Similarly, cases having associated with psychological illness and other health issues like HBsAG positive are also showing a rise **(Table 12)**. School dropouts, job loss, and family disruption are increasing, although not remarkable **(Table 13)**.

Table 11: Road Traffic Accidents

	Number Of Accidents	%
Related to alcohol	5	0.45
Related to narcotics	356	32.01
Related to Psychotropic substance	1	0.09

Note: 45 (4.05%) clients are professional drivers related with crashes

Table 12: Health Indicators

		N	%	Previous Year (%)
1.	HIV Positive Cases	0	0	0
2.	Psychotropic Cases	77	6.92	6.20
3.	Hepatitis-B Positive Cases	32	2.88	3.10
4.	Deaths	0	0	0

Table 13: Social Indicators

		N	%	Previous Year (%)
1.	Jobless			14.43
2.	Family Disruption			1.61
3.	School Disruption			25.10

3.2 Heroin

Heroin is still the most frequently abused drug among the treatment seekers, although opiates in other forms are showing a more rapid increase. It appears from the information available on the abuser population, that heroin in the form of brown sugar has different qualities and it is reported that the purity of heroin, in general, is falling. Heroin is now cheaper and quite easily available on the street. The demographic characteristics and other drug use parameters are not very different from those of other drug users.

Heroin use is frequently incriminated for drug related crimes. The number of seizures and quantity recovered over the defined period is, however, relatively less. But most of the road traffic accidents, job loss, family disruption and school dropouts are related to heroin and other opiates abuse.

3.3 Other Opiates

Codeine phosphate (Phensedyl), buprenorphine and pethidine are the substances of this category used by the study population. Demographic and other characteristics are not different from those of heroin abusers. Codeine phosphate is available in the form of a branded cough syrup (trade name, Phensedyl). Phensedyl is a contraband pharmaceutical drug always available in the black market. It contains a combination of codeine, ephedrine and promethazine. Its widespread use is a big concern. More so is the

noticeable rise in the use of buprenorphine. Most of the buprenorphine users are previous heroin users. This drug is available only in the black market and can be procured from the street.

3.4 Cannabis

Cannabis is not available in the legal market since 1989. Still its use remains static. There is very little difference in demographic and other parameters of its users from those of other drug abusers. However, road traffic accidents, social disruption and criminal involvement are less frequently reported by this type of abusers. Seizure reports indicate that although there is prohibition on its cultivation, sporadic illicit cultivation of cannabis is still prevalent.

3.5 Polydrugs

Polydrug abuse among the treatment seekers is 5.66% over the last 6 months. The drugs they use include opiates, cannabis, sedative-hypnotics, and occasionally alcohol. However, it should be mentioned here that many of the codeine phosphate abusers also combine diazepam, promethazine ephedrine.

3.6 Sedative-Hypnotics

There are only few cases that use sedative-hypnotics. However, many of the opiate or cannabis users used sedative-hypnotics sometime in their life. The users are relatively younger and some of them get the drugs by diversion of prescription. There is no seizure of this category of drugs, neither is there any reported drug related crime or arrest. However, few of the abusers reported that they had met with road traffic accidents while they were under the influence of those drugs.

3.7 Alcohol

Alcohol use alone is relatively rare among the treatment seekers. Only 0.99% of reported cases sought treatment for alcohol abuse. All the users mostly use country liquors and foreign branded liquors produced in local distilleries. The users are mostly from lower socio-economic background.

The highest number of seizures and quantity of substance recovered are related to alcohol. A total of 1,801 seizures amounting to 53145.5 litres of alcoholic beverages were recovered during the reporting period **(Table 14)**. One of the abusers reported a road traffic accident under the influence of alcohol. This figure does not, however, reflect the true picture of road traffic accidents due to drinking and driving. No alcohol related

health problem except temporarily raised liver enzymes is detected, and only a few cases of disruption of family cohesion are reported.

Table 14: Number Of Seizures And Quantity Of Drugs Seized By Types

Drug Type		No. of Seizures	Quantity
Opiate	Opium	1	0.005 kg
	Heroin	116	3.716 kg
	Codeine	336	3258.3 litre
	Inj. Pethidine	1	4 ampoules
	Inj. Buprenorphine	18	2564 ampoules
Cannabis		588	3594 kg
Alcohol		1,063	5314.4 litre
Cocaine		0	0
Hallucinogens		0	0
Amphetamines		0	0
Sedatives		0	0
Solvents/Inhalants		0	0

3.8 Solvents/Inhalants

No case of solvent/inhalant abuse has been reported for treatment during the defined period.

3.9 Cocaine

There is no current abuse of cocaine among the treatment population. However, some of the other drug abusers were abusers of cocaine when they were living abroad. There is no report of seizure.

4. ACQUIRED IMMUNODEFICENCY SYNDROME (AIDS) AMONG INJECTING DRUG USERS (IDUs)

The number of injecting abusers is on an alarming rise with the accentuated availability of injectable buprenorphine in the black market. Needle sharing is quite frequent and so is the use of unclean needles. According to the National AIDS Committee, Bangladesh, 70 cases of seropositive HIV infection have been detected and 5 of them already died. Drug use, especially IV drug use history of those seropositive cases is not known. However, small studies aiming at detecting seropositivity among different target population could not find any such case. Since December 1994, the Centre has access to HIV screening programme of the National AIDS Committee and so far no seropositive case could be detected.

5. OPERATIONAL ISSUES

5.1 Individual

The Central Drug Addiction Treatment Centre is under the administrative control of Department of Narcotics Control, which is a directorate under the Ministry of Home Affairs, Government of Bangladesh. Most of the health staffs (doctors and nurses) are deputed to this Centre from the Ministry of Health and Family Welfare, over which the department has little control. The positions (including that of the Chief Consultant) are transferable and frequent change of principal investigator always impedes the proper functioning of any ongoing project. Besides, there is difference of research interest between individuals.

5.2 Organizational

The following limitations were identified during the course of conducting the study:

- Lack of proper liaison between different treatment facilities including those of the prison.
- Lack of uniformity in information gathering system.
- Difficulties in gathering information related to law enforcement indicators according to format outlined in the project protocol.
- Health indicator data could not be made available due to lack of a central register facility, absence of liaison, referral, and financial constraints.

- Emergency room data are specially lacking in the report due to non-availability of data from relevant sources. The Centre (CTC) does not provide any emergency service.

- Lack of logistic support (both manpower and equipment) interferes with data collection, compilation, analysis and reporting.

- Limited transportation facility.

- Lack of adequate fund to meet contingency expenses.

DRUG ABUSE MONITORING SYSTEM IN RAWALPINDI/ISLAMABAD

Dr. Kamran Niaz
Integrated Drug Demand Reduction Project
Islamabad, Pakistan

ABSTRACT

The drug abuse monitoring system for Rawalpindi/Islamabad was initiated on an experimental basis in March 1995. This report covers the six months period from April - September 1997, and looks at the drug abuse trends and other indicators for this period. During the reporting period there have been a total of 202 drug addicts came in for treatment. 88% of the drug addicts were using heroin as their primary drug of abuse, while 83% were polydrug users. 74% were smoking or chasing the dragon, 8% were sniffing, and a similar percentage was injecting drugs. All the clients were male, 66% were between the ages of 20 - 34 years. 58% were married while 42% were single or never married. 87% were living with their families. While 24% of the drug addicts were illiterate, 43% had 1 - 6 years of education, and 27% had 7 - 12 years of education. 36% of the clients were unemployed. Significant employment categories included agrobased workers 17%, self employed 15%, driver and transport workers 12%, and sales and clerical workers 9%. The law enforcement agencies arrested 537 people on drug related offences. With 477 seizures the agencies confiscated 42.092 kg. of opium, 8.744 kg. of heroin, 1,720.243 kg. of cannabis, and 2938 bottles of alcohol during the six months.

1. RAWALPINDI / ISLAMABAD

Rawalpindi and Islamabad, referred to as the twin cities are situated in the north east of the country. Rawalpindi is an old city, which emerged from a village founded in around the 14th century, while Islamabad was founded in 1965 when it was decided to move the capital from Karachi in the south.

The total population of Rawalpindi and Islamabad according to the 1981 census is 1,159,916, with 628,565 males and 531,351 females. The majority of population living in Rawalpindi is Punjabi Muslims, while very few people in Islamabad can say that they belong to this area. Most of the people residing in Islamabad are civil servants belonging to different parts of the country. Being the capital there is also a sizable number of foreign diplomats and representatives of international donor agencies in Islamabad.

The major occupation groups in Rawalpindi are production and related workers, transport workers and laborers. Other occupations in which people are engaged are government service, business, agriculture, and overseas employment. A large number of people from the area also serve in the military.

The literacy rate of the cities according to 1981 census was 58.8%, while the male literacy rate was 68.8% as compared to 31.2% female.

Administratively, Rawalpindi is under the jurisdiction of the Punjab province, while Islamabad and some areas around it are termed as the Federal Territory. Generally, better medical, educational facilities and other amenities are available to the population in Rawalpindi and Islamabad, than the rest of the country.

Rawalpindi and its adjoining areas also serve as a transit point for drugs originating from the North West Frontier Province to other parts of the country or abroad. An interesting feature of the area is that cannabis grows wildly in the area. Cannabis plants can be seen even around houses and pathways in the twin cities.

2. DATA SOURCE

Currently there are 12 drug treatment facilities in Rawalpindi / Islamabad. One programme is being run by the Government Hospital, three self-help groups and eight treatment centers run by NGOs or commercial interest groups. The treatment program in Central Prison has been terminated since November 1996.

For the period of, April 1 to September 30, 1997 treatment data were collected on a monthly basis by 3 specialized drug treatment centers. Earlier, the Department of Psychiatry, Rawalpindi General Hospital had been providing data, but since April they stopped contributing data to the monitoring system.

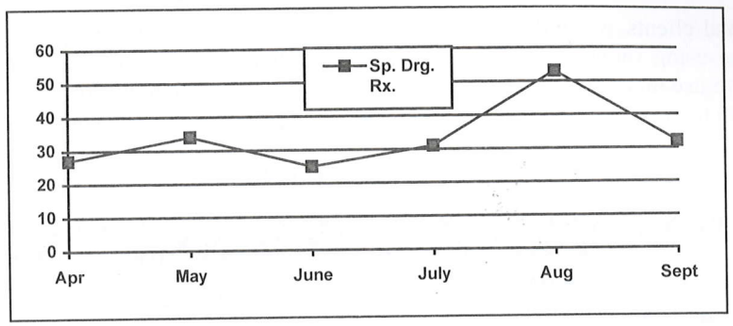
The law enforcement data was provided by the Police and Excise Department through the District Narcotics Control Committee, which is headed by the Deputy Commissioner of Rawalpindi.

3. DRUG ABUSE TRENDS

During the reporting period, 202 clients came for treatment at the participating centers. The total number of clients reported for each month is given in **Chart 1**.

Except for the month of August, the number of clients for each month has not varied considerably. Two out of the 202 clients were reported as new non-institutional admissions. Out of the 200 institutional admissions, 64% were readmissions while 36% were new admissions. This suggests that these six months saw an increasing number of chronic drug addicts coming for treatment.

Chart 1: Total Number Of Clients In Drug Treatment



3.1 Primary Drug Of Abuse

While heroin remained the drug of choice for the majority (88%) of clients who came for treatment, this percentage has increased from the previous quarter where it was 66%. However, the number of clients for other drugs has decreased during this period. The main decrease has been in the number of clients using opium (2%), buprenorphine (4.45%), tranquilizer (0.5%) as primary drug of abuse. The percentage comparison of the primary drugs of abuse for the two quarters is given in **Table 1**.

Table 1: Primary Drug Of Abuse

Category Of Drug	Oct. 96 – Mar. 97 (%)	Apr. - Sept. 97 (%)	↑↓
Heroin	66	88.12	↑
Cannabis	9	0	↓
Opium	6	2	↓
Buprenorphine	5	4.45	↓
Morphine	3	4	↑
Tranquilizer	4	0.5	↓
Alcohol	4	0	↓
Pentazocine	1	1	↑↓

Unlike data from the previous quarter, the current data does not include those that received treatment for psychotropic substances abuse at the General Hospital's psychiatric ward. The current data is obtained from specialized heroin treatment facilities only.

3.2 Polydrug Users

Of the total clients, a significant 83% were polydrug users. Among the polydrug users, 41% were using cannabis as the secondary drug. Quite a number of clients have been reported to use more than one substance as secondary drug. The breakdown of secondary drugs with their percentage and comparison with the previous quarter is given in **Table 2**.

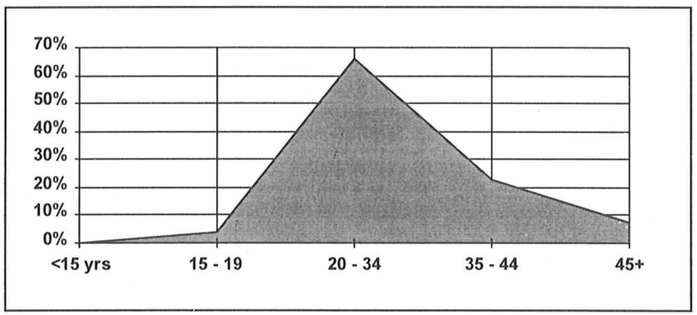
Table 2: Secondary Drug Of Abuse

Category Of Drug	Oct. 96 – Mar. 97 (%)	Apr. - Sept. (%)	↑↓
Cannabis	36	41	↑
Opium	9	6	↓
Tranquilizers	19	23	↑
Sedatives	1	0.5	↓
Alcohol	32	29	↓
Inhalants	0	0.5	↑

3.3 Sex And Age Of The Clients

All the 202 clients reported during this quarter were male. A large majority (66%) of the clients who came for treatment was between 20 and 34 years of age, while 23% were between 35 and 44 years. The breakdown of clients by age is given in **Chart 2.**

Chart 2: Distribution By Age



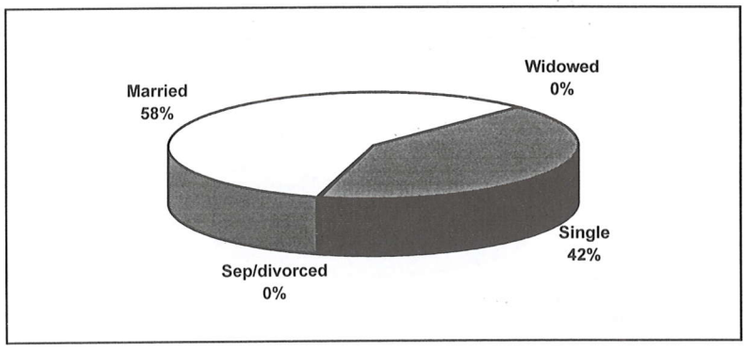
3.4 Patients' Ethnicity And Religion

Among the reported clients, 85% were Punjabis, 10% Pathans, and 1.5% were foreigners and refugees (Afghans, Iranians and Sri Lankans). With regard to religion, 88% of the clients reported were Muslims while the other 12% were Christians.

3.5 Marital Status

The majority (58%) of clients who came for treatment was married, while 42% were single or never married. A non-significant 0.5% was separated or divorced. The percentages of married and single clients have reversed from the previous quarter. The distribution of clients by marital status is given in **Chart 3**.

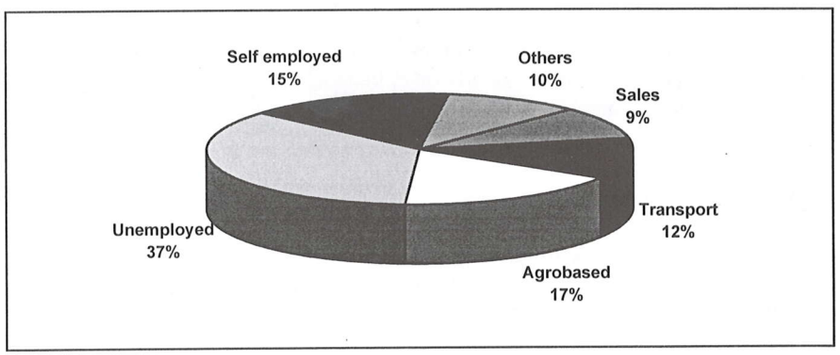
Chart 3: Marital Status



3.6 Occupational Status

Among the reported clients, 36% were unemployed. Among the employed clients, 17% of were agrobased workers, 15% self-employed, 12% drivers or transport workers and 9% were sales or clerical workers. The breakdown of occupational categories of the clients is given in **Chart 4**.

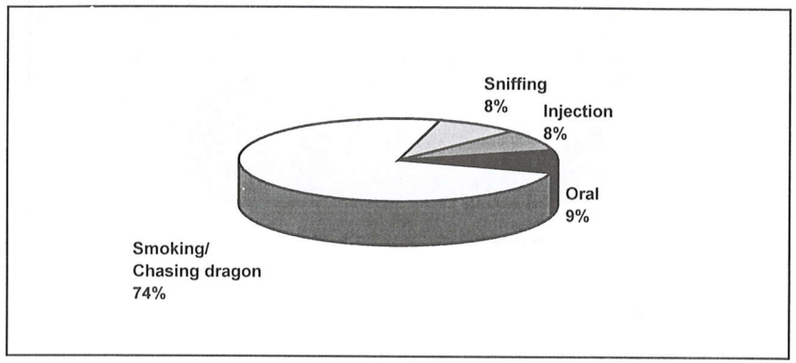
Chart 4: Occupational Status



3.7 Route Of Administration

The route of administration of drugs for the majority (75%) of the clients remained smoking or chasing the dragon. 8% of the clients either sniffed or use the drug intravenously, while 9% take them orally. More than 80% of the clients used multiple routes of administration as they are polydrug users. The breakdown of clients by route of administration is given in **Chart 5.**

Chart 5: Route Of Administration



3.8 Drug Sources

80% of the drug addicts obtained their drugs from street sources, 18% from other sources such as dens, and only 1.5% obtained their drugs from over the counter.

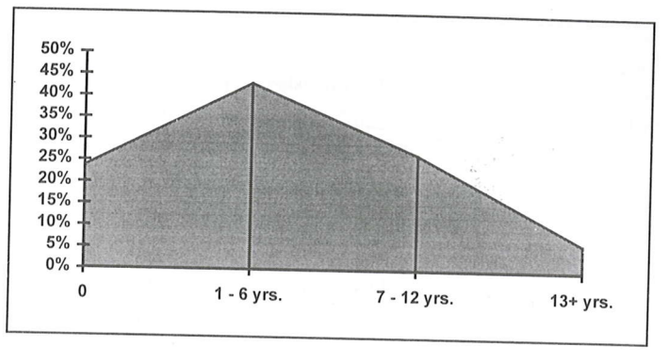
3.9 Living Arrangements

87% of the drug addicts were living with their families or relatives, while 9% were living alone and 3.5% were living with friends or colleagues. An insignificant 0.5% have no permanent living arrangement.

3.10 Years Of Education

24% of the drug addicts were illiterate. 43% had one to six years of education and 27% had between seven to twelve years of education. 6% had thirteen or more than thirteen years of education. The educational status of the drug addicts is given in **Chart 6.**

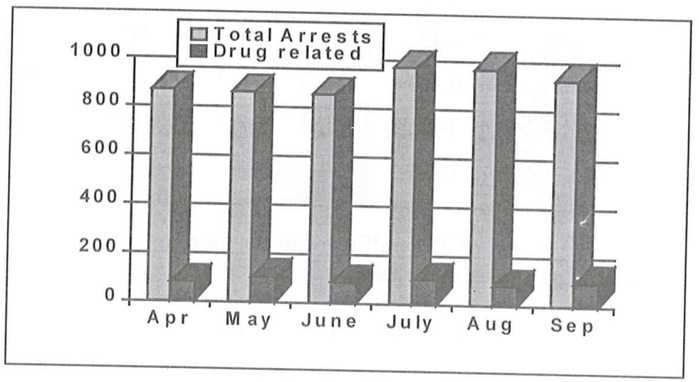
Chart 6: Educational Status



4. LAW ENFORCEMENT INDICATORS

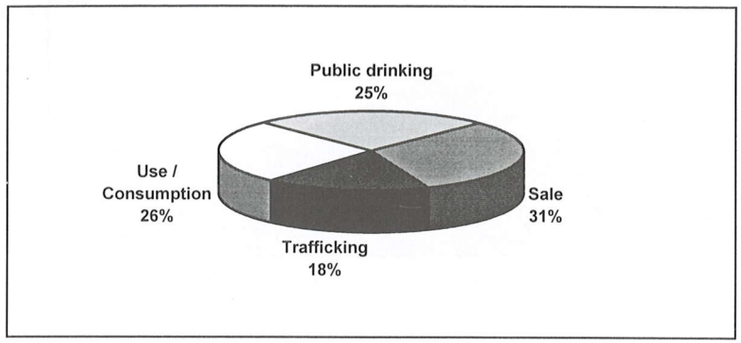
During the six months' reporting period, 5,438 arrests were made for criminal offences. While the total number of arrests for this quarter remained almost the same as that of the previous quarter, arrests for drug related charges has decreased from 903 in the previous quarter to 537 in this quarter. The monthly arrests for criminal and drug related offences are given in **Chart 7.**

Chart 7: Total And Drug Related Arrests



Out of the total 537 drug related offences, 90 arrests were related to use or consumption of drugs, 167 for sale of drugs, and 118 arrests for trafficking. Other offences for which arrests were made include public drinking (of alcohol) and creating public nuisance (162 arrests). The percentage breakdown of drug related arrests are given in **Chart 8.**

Chart 8: Arrests For Drug Related Offenses



As compared to the previous quarter where 393 seizures were made, in this quarter 546 seizures of different drugs were made. The drugs and the quantities seized for each month is given in **Table 3**.

Table 3: Seizures And Quantity Of Drugs Seized

Drugs Seized								
Drugs	Szrs	Quantity (kilograms/liters)						
		Apr	May	June	July	Aug.	Sept.	Total
Opium	13	1.58	0.40	0.012	0.0	0.00	40.10	42.092
Heroin	229	3.588	0.251	1.204	2.414	0.956	0.361	8.744
Cannabis	151	1665.269	44.653	1.334	3.413	0.458	5.116	1720.243
Alcohol	84	165	1950	399	301	22	101	2938

During the same period a total of 254 traffic accidents were reported. The breakdown of accidents by each month is given in **Table 4.**

Table 4: Number Of Accidents

	Apr.	May	June	July	Aug.	Sept.
Number of Accidents	39	47	46	42	46	34

However, no accidents related to drug intake have been reported by the police for this period.

5. HEALTH INDICATORS

There is no system of reporting or collecting data of psychological, or emergency room cases in hospitals. However, unlike previous quarter, no drug related psychological cases, emergency room cases or drug related deaths have been reported for this quarter. Some treatment centers have reported cases of pulmonary tuberculosis and other respiratory tract infections among clients that came for treatment.

5.1 HIV/AIDS

The total number of HIV/AIDS cases for the city has not been collected during this period. Also, the treatment centers do not have the facilities for HIV screening of their clients. However, one treatment center has reported a case of HIV positive client. Some of the drug treatment centers are now looking into the possibilities of having their clients, especially intravenous drug users, screened for HIV/AIDS.

6. OPERATIONAL ISSUES

The drug abuse monitoring system in Rawalpindi/Islamabad has been in operation for over 2 years now. All the treatment centres contributing data in the system are participating through voluntary interests. Similarly, the Police and Excise Departments through the District Narcotics Control Committee have been very helpful in providing the law enforcement data for the system.

Overall, the parties who are participating in the data monitoring system perceive it to be quite useful and informative.

PATTERNS AND TRENDS OF DRUG ABUSE IN KUALA LUMPUR

Ismail Haji Ahmad
National Narcotics Agency
Ministry Of Home Affairs, Malaysia

ABSTRACT

In the first half of 1997, the drug problem[1] showed a little success as compared to previous years with a decreasing number of addicts detected. The number of drug addict and drug offenders continues to rise. A large amount of drug seizures is also noted. In Kuala Lumpur, a similar situation shows in addiction, trafficking and seizures of drug. Seizures of drug increased tremendously and more traffickers were arrested. The trend showed that the Government of Malaysia is serious in handling the drug problem.

1. INTRODUCTION

Malaysia consists of fourteen states and has an estimated land area of 329,757 square kilometres. The main ethnic groups, Malay, Chinese and Indian, make up its population of 18,180,853 (from the 1991 population census).

The capital city of Kuala Lumpur has an area of 243 square kilometres with an estimated population of 1,257,662 (in 1991) or approximately 6.9% of the total population of Malaysia. In 1991, the age group distributions were 416,038 persons (33.1 percent) in the 0-14 years age bracket, 800,552 persons (63.6%) in the 15-64 years age bracket and 41,072 persons (3.3%) in the sixty-five and above age brackets. There were 106 males for every 100 female in the population in 1991.

2. DATA SOURCES AND TIMES

The National Drug Information (NADI) System maintained by the National Narcotics Agency, Ministry of Home Affairs provided data for this report. The system collates all data submitted by the state National Narcotics Agency, anti drug and health care agencies throughout the country. These include hospitals, police departments and prisons.

This report consists of two sections:

I: A comparison of annual data on addiction, type of drug abuse and arrests of drug offenders for 1992, 1993, 1994, 1995, 1996, and January - June 1997.

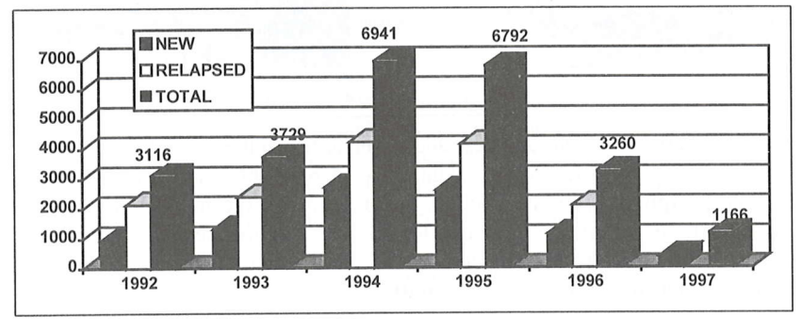
II: An update on the drug abuse situation in Kuala Lumpur between January and June 1997.

[1] The drug problem encompasses both demand (addiction) and supply (sales and trafficking) for drugs.

3. NUMBER OF ADDICTS IDENTIFIED

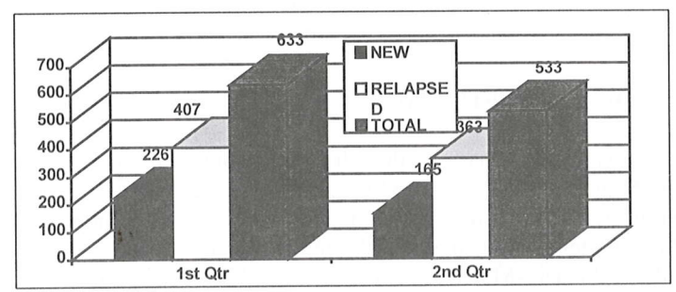
The proportion of new to relapse cases remain the same from 1992 to the first half of 1997, that is, about 30 - 40% new cases and 60 - 70% percent relapse cases (**Figure 1).** Out of the total number of addicts identified in January to June 1997, 35.3% were new cases and 66.5% were relapse cases. The total numbers of addicts identified have decreased tremendously. This is due to efforts made by the implementing agencies and a new approach to fight drugs. Part of the approach is to classify those who were involved in crimes, affiliated with HIV/AIDS, chronic diseases, TB, and mental illness. A decreased in the number of new cases showed that primary prevention programme is the main key to fight drug problem. As in the past, most of the cases detected in Kuala Lumpur were male.

Figure 1: Type Of Cases Detected 1992 - June 1997



There was a slight different in number of cases detected in January to March 1997 (first quarter), and April to June 1997 (second quarter) **(Figure 2).** The total number of cases decreased by about 15.8% in the second quarter. As compared to the first quarter, the number of new cases detected decreased by 26.9% and relapse cases by 10.8% in the second quarter. This could possibly be due to a balance approach by Anti Narcotics Agency, hospitals and police as they did in 1996. It is part of an exercise to categorise addicts as an effort to clean the city from the drug problem such as addicts, pushers, traffickers and those who were involved in criminals.

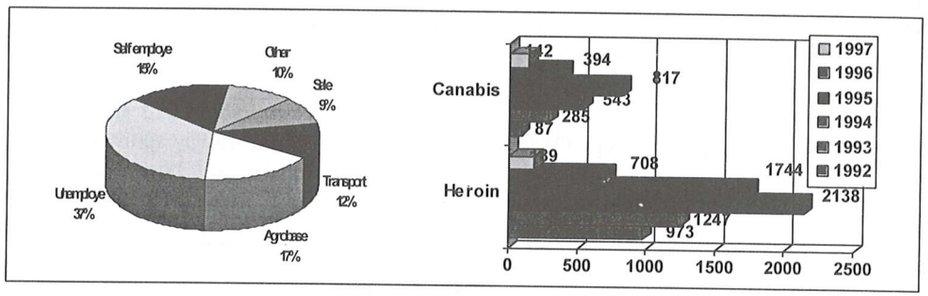
Figure 2: Types Of Cases Detected In January - June 1997



4. TYPES OF DRUG USED

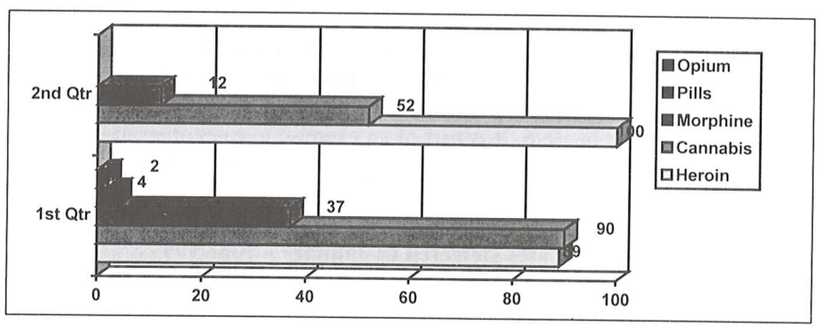
The highest number of addicts using heroin was recorded in 1994 (2,138) and 1995. **Figure 3**, shown that psychotropic pills abuse is not a major problem in Kuala Lumpur. Heroin and cannabis are the main types of drug abused in Malaysia.

Figure 3: Types Of Drug Abused In 1992 - June 1997



The number of heroin users among new addicts is higher in the second quarter (April - June 1997) than those in the first quarter (January - March 1997). However, the numbers of cannabis and morphine users are declining. For example, the number of morphine users decreased from 16.4% in the first quarter to 7.3% in the second. While opium and psychotropic pills users are not detected in the second quarter, the latter was recorded at 1.8% of new addicts in the first quarter **(Figure 4)**.

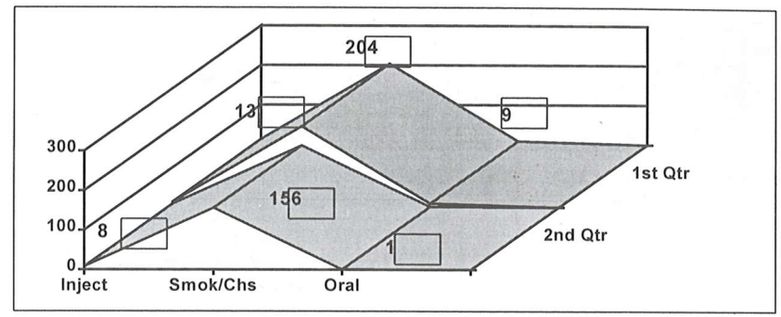
Figure 4: Type Of Drug Abused In January -- June 1997



5. ROUTE OF ADMINISTRATION

Smoking (cannabis) and 'chasing the dragon'(heroin) are the main routes of administration **(Figure 5)**. As compared to the first quarter of 1997, similar routes of administration are recorded in the second quarter. About 5.7% of new addicts injected drugs in the first quarter as compared to 4.8% in the second quarter. 4.0% of new addicts took drugs orally in January-March as against 0.6% in April-June period.

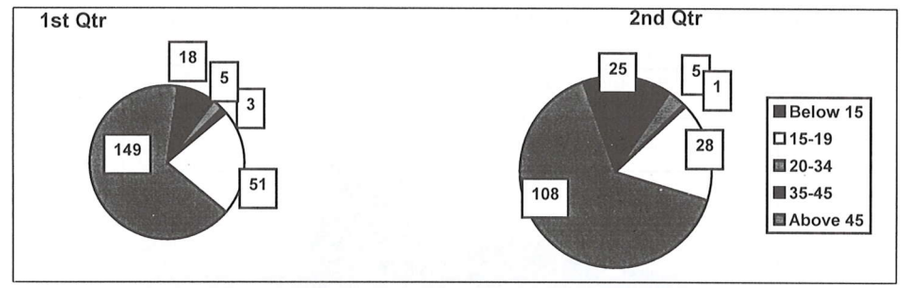
Figure 5: Route Of Administration Of New Addicts Detected January-June 1997



6. AGE WHEN DETECTED

Since 1992, most of the cases detected were among 20 and 34 years old (average of 65 percent across the two periods). The second largest age group detected was the 15 to 19 years old. (19% detected in January -- April as against 17% in April -- June 1997). The upward trend of this group was recorded since 1994. 10% of new addicts in the first quarter were among 35-44 years old as compared to 15.2% in the second quarter **(Figure 6)**.

Figure 6: Age Profile Of New Addicts Detected January-June 1997

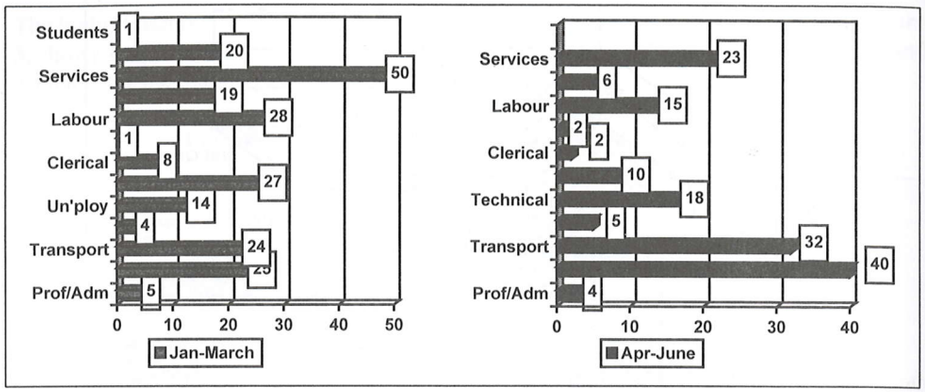


There was a slight downward trend in the number of new addicts in the age group of 45 years and above detected. About 4.9% recorded in the first quarter as compared to only 3.0% in the second quarter. As shown above, only one addict (0.6%) reported in the April-June period is in the age group of 13-15 years.

7. OCCUPATION

Labourers, construction workers and workers in the service industry formed most of cases detected in first quarter of 1997 **(Figure 7)**. However, between April and June 1997, no cases detected were involved in entertainment industry. One student was detected in the first quarter as compared to two in the second. Workers in the transport industry were recorded higher (24.2%) in April-June period as against workers in services industry (22.1%) in January - March period.

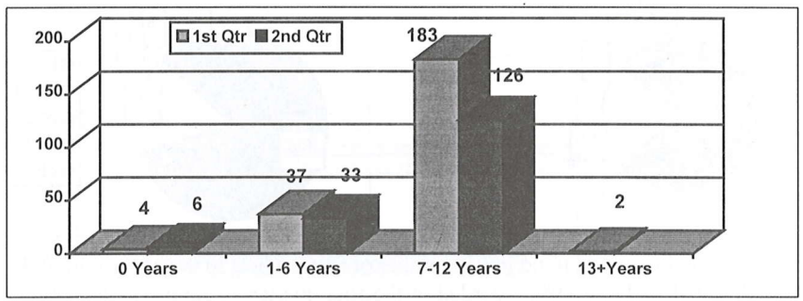
Figure 7: Occupational Profile Of New Cases In January - June 1997



8. EDUCATION

80.9% of new addicts in the first quarter and 76.3% in the second quarter had between 7-12 years of education **(Figure 8)**. 16.3% of the addicts had between 1-6 years of education in the first quarter as compared to 20% in the second. It is also noted that 1.2% of addicts with more than 13 years of education were detected only in the first quarter of 1997.

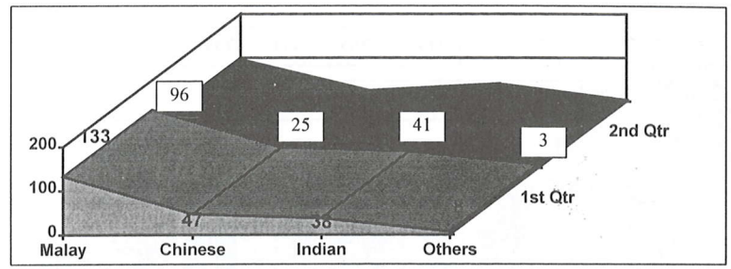
Figure 8: Number Of Years In Education Of New Cases January-June 1997



9. ETHNIC GROUPS

The Malay ethnic group remains the majority among the drug addicts in both quarters as compared to other groups **(Figure 9).** Of the new addicts in the first quarter, 58.9% are Malays and 20.8% are Chinese. In the second quarter, 58.2% of the new addicts are Malays while 24.8% are Indians. As compared to the actual population in Kuala Lumpur, Indians detected 16.8% higher against the Malays at 7.1%.

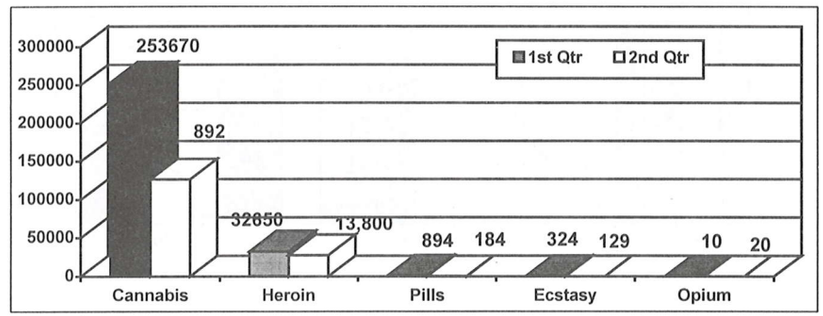
Figure 9: New Cases By Ethnic Groups January-June 1997



10. DRUG SEIZURES AND ARRESTS

Cannabis and heroin seizures peaked in the first quarter of 1997 and a similar trend appeared in April - June, 1997 **(Figure 10)**. 453 ecstasy pills were seized in Kuala Lumpur in the first half of 1997. Out of these 453 pills, 324 were seized in the first quarter, while 129 were seized in the second quarter. The amount of opium seized in Kuala Lumpur increased from 10 grams in the first quarter to 20 grams in the second. It is also reported that the drug seized in Kuala Lumpur remain the highest in the country.

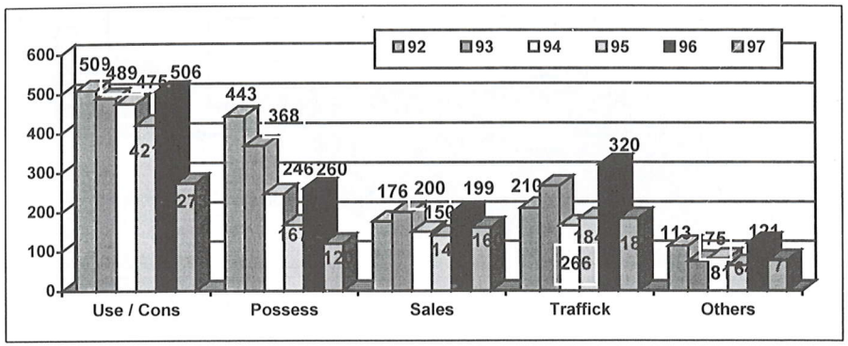
Figure 10: Drug Seizures in January - June 1997



11. ARREST OF DRUG OFFENDERS

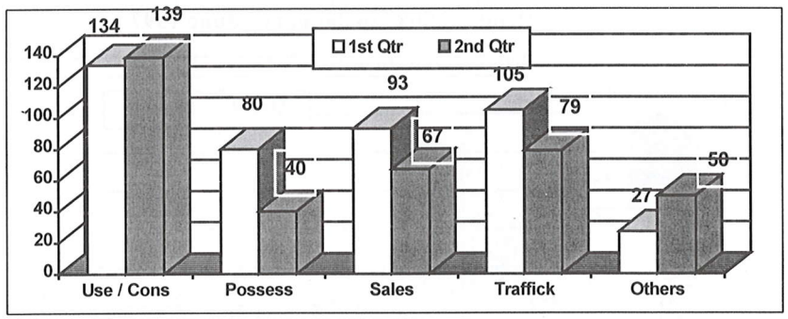
Since 1992, averages of 480 persons were arrested for use and consumption and an average of 220 persons were arrested for trafficking. Traffickers arrested for the first half of 1997 are recorded higher than the total number of traffickers arrested in 1993 and reported the same number for those who were arrested in 1995 **(Figure 11)**. It shows that Malaysia continued to enforce the law as a measure to cut the supply of drug in the country. The aim is to make drug expensive, risky and danger to have it.

Figure 11: Arrests Of Drug Offenders In 1992 -- June 1997



The total number of drug offenders that have been arrested in the first quarter is higher than in the second. Both quarters recorded higher use and consumption offences. About 105 traffickers were arrested in the first quarter as compared to 79 in the second quarter **(Figure 12)**. For the first time in Kuala Lumpur traffickers were arrested with firearms and more are using weapons when trafficking drugs.

Figure 12: Arrests Of Drug Offenders In January - June 1997



13. CONCLUSION

It is noted that the number of addicts identified for the first half of 1997 is smaller than the previous years. It is also reported that more drug offenders are arrested than before especially traffickers. As part of demand and supply reduction programme, Malaysia needs a better strategy to handle the drug problem. The establishment of the National Narcotics Agency (NNA) is an effort of the Government of Malaysia to overcome the problem of drug addiction after efforts carried out for the last 14 years failed to achieve its objective. The relapse rate in Malaysia recorded lower at 59.2% compared to the other countries (whilst the average for the period 1988-1996 was 61.5%). It must however be noted that treatment and rehabilitation modalities in other countries are varied. Malaysia practices compulsory

treatment and rehabilitation programme and it is not possible to compare with other countries.

In 1996, NNA carried out a comprehensive review of the new policy and strategy to overcome the threat of drugs. The study indicated the need for various paradigm shifts to be carried out so that the ineffectiveness of the rehabilitation programme can be improved from time to time. Among them are classifications of drug rehabilitation centers, pilot project of the use of naltrexone, viva capsule and fan recovery candy. The main focus now is on prevention as a main strategy to fight drugs. More than a dozen school based programmes were launched this year, with the main objective of drug free school. Primary prevention is a long term strategy to insulate the society from the drug menace. Students as a target group will head for success in combating the drug problem and creating a drug free society in Malaysia.

CURRENT DRUG SITUATION IN THE PHILIPPINES

Mrs. Rebecca F. Arambulo
Dangerous Drugs Board
Philippines

1. INTRODUCTION

The Philippines lies in the northern most island group of the Malay Archipelago, which extends to about 1180 km. (about 1150 miles) almost due north and south between Borneo and Taiwan; the eastern and western extends to almost 1127 km. (almost 700 miles). The islands, of volcanic origin are the summits of a partly submerged mountain mass, and are mountainous. The lengthy, irregular coastline of the country which is centrally situated, in relation to other countries in the Asian and Pacific region gives an advantage for trade, through its easily penetrable air and sea ports. However, the strategic geographical location and proximity to almost all its neighbouring Southeast Asian countries and the Far East region makes the country vulnerable to various transshipment and illegal activities in the region, particularly, as an entry and exit points for drug smuggling and an alternate route of international drug syndicates, as well.

As other developed and developing countries worldwide, the Philippines is confronted with a formidable problem of illicit drug trafficking and abuse. Production, trade and consumption of illegal drugs are threats to the welfare of the global community, undermining legitimate institutions, eroding social values and creating broader economic problems.

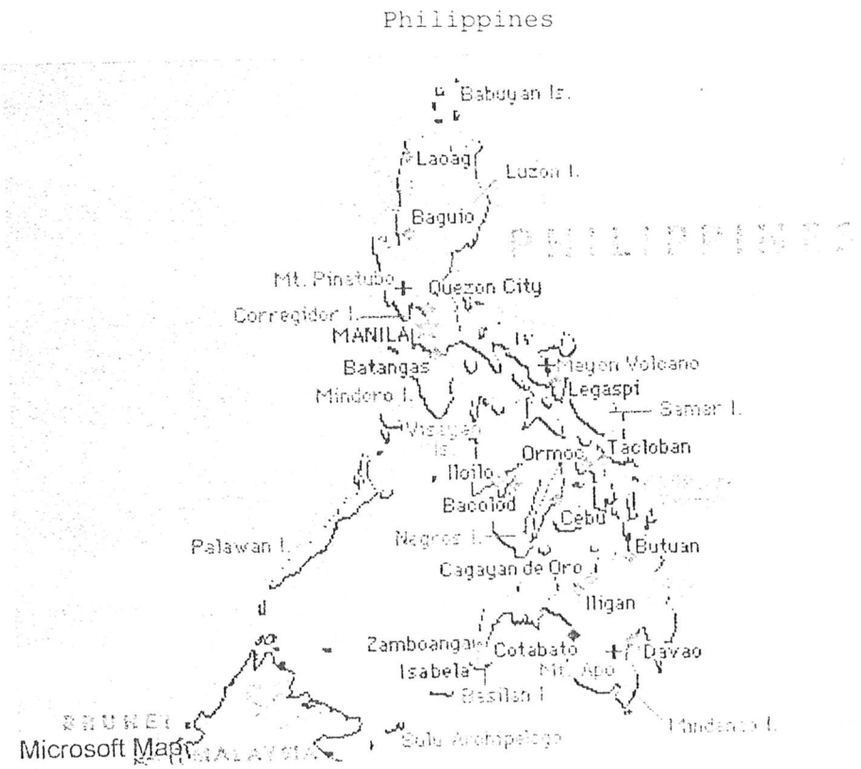
The drug problem remains a social malady in our midst. The menace continues to impose a great handicapped not only on the lives of our young, innocent children who fell prey, but has sapped the vitality of the youth, jeopardized men in their workplace and slowly, but relentlessly, threatened to violate human dignity without remorse.

Poverty and economic deprivation, personality and familial disintegration, moral degeneration and proliferation of violence, corruption and criminal activities are its social consequences. The fear of being dominated by individuals who have no regard for human feelings, knows no boundaries and are out to destroy human race haunts everyone.

To this date, the fight against illegal drugs and its abuse has become a major concern and point of discussion in numerous national, as well as, international forum. Powerful drug syndicates with their vast resources, modern technology and information system have reduced the world into a mere community where they could bring illegal drugs from one

place to another without due regards to national dominion and international sanctions and laws in furtherance of their nefarious activities.

Nations affected by this global problem have adopted measures and countermeasures to combat this menace through enactment of laws, policies and effective implementation of the same by their respective governmental agencies and instruments. Furthermore, regional and international coordination and cooperation is strengthened and maintained in response to this worldwide issue.



The Philippines is governed by the Republic Act 6425, otherwise known as the Dangerous Drugs Act, 1972 to address the drug problem in our country. The government has utilized its numerous agencies to enforce the different laws and policies with the Dangerous Drugs Board at its helm. Supply and demand reduction has been adopted as the National Strategy to combat this debilitating problem. The Philippines government, through its legislative branch, continues to review and amend existing drug laws and policies to improve and effectively implement RA 6425. Likewise, the country seriously recognises the need for maximum cooperation and coordination at both regional and international levels. But the question lies - how far have we accomplished in our fight against illicit trafficking and its abuse?

Despite the commendable efforts of our government, given its limited resources in addressing the problem, the battle against drugs and its consequences of crime and violence is far from over. New developments in the methodology of drug traffickers have emerged, with the advent of high technological tools made available to them, hence, the necessity to re-develop law enforcement thrusts, particularly early detection of illicit trafficking through improved reporting and networking system.

2. DRUG TREATMENT DATA

The data sources is based on the admission report of various treatment centers operating throughout the country from January - June 1997.

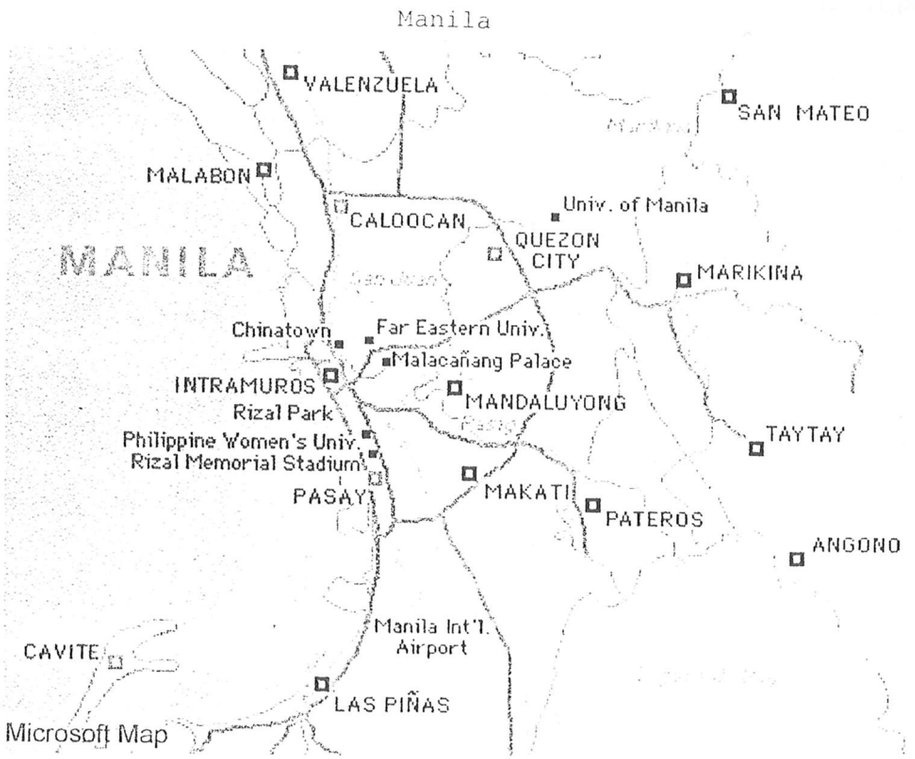
The period in review recorded twenty-six (26) active treatment centers; out of which, twenty (20) are residential, while six (6) are out-patient facilities. Of this number, 14 (54%) are situated in the Metropolitan areas.

A total of three thousand six (3,006) cases are reported by these centers. Of this, two thousand six hundred five (2,605) are newly admitted cases representing eighty-seven percent (86.60%) against relapsed cases which totaled to 401 (13.40%). Almost ninety percent (87.75%) are first time residential confinees while a little more than ten percent (12.25%) are out-patient referrals.

The proportion of male clients to their female counterparts is 11:1. Mean age is 26 years old.

The age distribution of the first-time center confinees are most visible in the 15-34 years age group where eighty-four percent (84.11%) belong to this category. It should be noted, however, that around fifty percent (48.95%) fall between 20-29 years of age. This trend has remained unchanged based on recorded statistics.

Single confinees dominated the distribution with fifty-nine percent (58.62%) while married clients constituted thirty-one (31.22%).



With regard to the educational attainment of the confinees, the clients were reported to be mostly educated. Ninety-eight percent (97.76%) represented those clients who had formal training in school, who had reached at least primary education. Of this percentage, eighty percent (78.93%) have attained and even completed their secondary education and have reached college.

Prior to admission/referral to a center, it appears that almost fifty percent (48.58%) had legitimate source of income derived either from employment (30.09%) or are self-employed/engaged in business (18.50%). Only 4.49% were students.

Sixty three percent (62.53%) of the newly admitted cases are residents of Metropolitan areas.

Friends/peers remain to be their major source of drugs as revealed by sixty three percent (63.22%) of the cases. About 20% obtained drugs from pushers. The data may not be reflective of the real scenario. Seemingly, drug abusers tend to develop friendship or 'bond' with their source of drugs prior to being pushed to drugs by their so called 'friends/acquaintances'.

Age of first drug use has been recorded to be highest between 15-19 years of age (42%). Apparently, those belonging to this age are vulnerable to drug use. However, initial drug use among the 20-24 age bracket has been noted by 17% and even among the 25-29 age bracket by 11.30%. This pattern may have been attributed to the emergence of shabu use which is very popular among older population. Mean age of first drug use is 20.17.

Ninety percent (90.21%) of the newly admitted clients have sought treatment on a voluntary basis. Moreover, multiple drug abuse characterized by simultaneous intake of stimulants and depressants or some other drug combinations have been noted.

Table 1 : Ten Most Commonly Abused Substances Among Newly Admitted Cases January To June 1997

Drugs Used / Abused	Number	Percent
1. SHABU (Stimulant)	2429	93.24
2. MARIJUANA (Cannabis)	1131	43.42
3. COREX D (Cough/Cold Prep.)	145	5.57
4. MENTHODEX (Cough/Cold Prep.)	127	4.88
5. PSEUDOFLEX (Cough/Cold Prep.)	124	4.76
6. PHYDOL (Cough/Cold Prep.)	114	4.38
7. DIAZEPAM (Benzodiazepine)	77	2.96
8. HYCODIN (Cough/Cold Prep.)	55	2.11
9. NUBAIN (Narcotics/Analgesics)	47	1.80
10. RUGBY (Inhalant)	43	1.65

* *Note: Prevalence of use for each type of drug. Cases are multiple drug users.*

For the period covered (January - June 1997), shabu (methamphetamine hydrochloride) remained the number one drug of choice by ninety-three percent (93.24%) of the drug dependent cases reported. Marijuana ranked second (43.42%) and cough preparations on the third (21.70%). Data showed that shabu dominated the list of the most commonly abused drugs with fifty percent (49.87%) significant difference over marijuana. Since its emergence, it has recorded an increasing trend and gave marijuana, the top cannabis and incidentally, the number one drug of abuse then a stiff competition as shown **in Table 1**.

3. LAW ENFORCEMENT DATA

The data under review are based on the reports of various law enforcement agencies working in consonance with the Dangerous Drugs Board in the implementation and enforcement of the Republic Act 6425, particularly illicit trafficking of prohibited and regulated drugs from January to June 1997.

3.1 Illicit Drug Cultivation, Production And Trafficking Of Marijuana

The Philippines is a major producer of high grade marijuana. The cannabis plant grows easily and abundantly nationwide because of its suitability to the Philippine climate and

soil. Marijuana eradication and interception at checkpoints are the methods employed by the law enforcement agencies.

During the period covered, a total of 1.13 million (1,128,718) cannabis plants and 65,525 seedlings have been uprooted; 387,027 grams (387.027 kilos) of marijuana leaves and 13,002 (13.002 kilos) grams of seeds have been destroyed. Likewise, a total of 132 marijuana cigarettes have been seized and subsequently burned.

Cannabis production in the Philippines is not for domestic distribution/consumption only, but for illegal export to Japan, Korea, Australia and other Southeast Asian countries and Europe, as well.

It has been recorded from January to June 1997, that a total of sixty-two (62) raids/seizures had been conducted by the government law enforcement agencies. Of this, thirty-two (32) seizures that involved illegal transport of cannabis leaves which resulted to the arrest of sixty-two (62) couriers and cultivators. Likewise, a total of fifteen (15) raids had been undertaken involving the arrests of twenty-three (23) persons in the act of transporting/preparing cannabis cigarettes. Seven (7) cannabis cultivators/planters were arrested in thirteen (13) seizures that involved marijuana plantations, as shown in **Table 2.**

Table 2: Marijuana Seizures/Raids/Persons Arrested For The Period January-June 1997

Cannabis	Qty. Seized	No. Of Raids	No. Arrested
Plants (no.)	1,128,718	13	7
Seedlings (no.)	65,525	2	-
Leaves (gms.)	387,027	32	62
Cigarettes (no.)	132	15	23
Seeds (gms)	13,002	-	-

3.2 Methamphetamine Hydrochloride

A total of 629 seizures with 1,133 persons arrested have been recorded from January to June 1997, and a total of 409,520 grams (409.52 kilos) methamphetamine hydrochloride powder and 2.4 liter of liquid methamphetamine hydrochloride have been seized.

As compared to the data from January-June 1996, a total of 915,904 grams (915.904 kilos) of shabu were seized. A significant decrease of almost sixty percent (-55.29%) is

recorded for the same coverage period. However, there were more seizure incidents and persons apprehended for the period herein review as shown in **Table 3.**

Table 3: Comparative Seizures Of Methamphetamine Hcl/No. Of Raids/No. Of Arrested Persons (January - June 1996 Vs. January - June 1997)

Period Covered	Qty. Seized (in gms.)	Percent (+/-)	No. Of Raids	Percent (+/-)	No. Of Arrested Persons	Percent (+/-)
Jan. - June 1997	409,520	-55.29	629	+45.27	1,133	+87.27
Jan. - June 1996	915,904	-	433	-	605	-

During the period under review, a significant part of the supply of methamphetamine in the Philippines comes from illegal importation. Source countries of methamphetamine hydrochloride in the Philippines have been identified as Taiwan, Hong Kong and the People's Republic of China.

Criminal syndicates controlling international methamphetamine trafficking may be both foreign and domestic-based, generally ethnic Chinese, which control the illegal importation and international traffic, both to and from the Philippines. Sino-Filipino groups control the local illicit trafficking of 'shabu' in the country.

To date, there are no recorded data to confirm reports on the existence of so-called "laboratories" used for "cutting" the drug from its original 90 to 98% purity to less than 50% for street sales.

Street price of pure, unadulterated shabu is P2,500.00/gram (approx. US$71.43) while its adulterated form is priced at P1,500.00/gram (approx. US$42.46). Adulterants commonly used are talc, lactose and alum.

3.3 Illicit Trafficking Of Exempt Regulated Drugs

Valium 10 belongs to the group of tranquilizers or barbiturates. According to the data reported from January to June 1997, a total of thirty (30) Valium 10 tablets have been confiscated by Customs operative at the international airport with the arrest of a single (1) incoming passenger.

3.4 Volatile Substances

Data obtained have recorded seizures of volatile substances, particularly, "Rugby", a known brand name for glue used by shoe/luggage makers.

The semi-annual report recorded a total of 132 bottles seized which resulted to the arrests of twelve (12) suspected dealers/sniffers of this popular glue. Street sale is P30.00 (<$1.00)/bottle.

Predominantly popular among street children because of its cheap price and availability to almost every household, grocery or hardware shops.

4. OTHER PROHIBITED DRUGS:

4.1 Heroin

There were no recorded data of seizures involving transshipment of heroin during the period covered. One major seizure was conducted in the early part of 1996, with the apprehension of a Taiwanese for transporting 1,543 kilos of high grade heroin worth about one million US dollars.

Heroin trafficking syndicates operating in the Philippines are all foreign-based, with foreign nationals, as couriers. During the 90's, heroin couriers had been identified as American, German, British, naturalized American (of Filipino descent), Nigerian, Thai and Burmese nationals.

4.2 Cocaine

There was no reported incidence of in-transit operation of cocaine for the period herein review, as compared to the 1996 semi-annual report, which recorded seizures of cocaine (1,593 gms.) which involved the arrests of 3 foreigners in 6 separate seizure incidents.

As evidenced by previous statistics, the re-emergence of cocaine in the Philippines' illicit drug market in extraordinarily large quantities has become a major concern. Apparently, the country is being used as a transshipment point to divert attention of the authorities in the destination countries, as to where the drug comes from.

At this point, law enforcement agencies are closely monitoring this significant trend and early detection to be able to stop, before it worsens and eventually becomes a national concern and subsequently a problem in the Asia-Pacific Region.

4.3 Coca Plant

There was no recorded data of illicit cultivation of coca plant for the period herein review. Discovery of two (2) coca plants in Region 6 had been uprooted in the early part of 1996.

For the last six (6) months, the total number of raids conducted had reached six hundred ninety-four (694). Of this, 629 (90.78%) were attributed to seizure incidents involving illicit trafficking of methamphetamine hydrochloride, while 62 (8.94%) to marijuana cultivation and trafficking.

With regard to the total number of persons apprehended for the same period (1,239), 1,133 (91.44%) involved the arrests of individuals engaged in the illegal trafficking of shabu; 92 (8.97%) to marijuana production and trafficking as shown in **Table 4**.

Table 4: No. And Percentage Of Arrests/Persons Arrested According To Drug Type For The Period January To June 1997

Drugs	No. Of Conducted Arrests		No. Of Arrested Persons	
	No.	%	No.	%
Cannabis	62	8.94	92	7.43
Methamphetamine	630	90.78	1,134	91.44
Valium 10	1	0.14	1	0.08
Volatile Subs.-Rugby	1	0.14	1	0.08
Total	694	100.00	1,239	100.00

Total amount of dangerous drugs seized decreased from 2,877.549kg in the first six months of 1996 to 809.549kg in the first six months of 1997. Apparently, there was a significant decrease (-71.86%) in the quantity of drug seized for the period under review.

Methamphetamine hydrochloride (shabu) seized during the first six months of 1997 was recorded at 409.52kg as against 915.904kg in 1996 of the same period. Almost fifty (50%) percent decrease was reported **(Table 5)**. Based on the recorded seizures from January to June 1997, an approximate loss of US$35.833 B alone for illegal traffickers and traders had been foreseen. However, data may not be reflective of the real scenario since data reported only covered the first half of the fiscal year.

Moreover, a total of 694 seizures had been recorded for the same coverage period, as compared to 572 during the first half of 1996, representing an increase (+21.32%) in the total number of raids conducted. Likewise, it follows with the number of apprehended

Table 5: Comparative Drug Seizures According To Drugs/Drug Type (January To June 1997 Vs. January To June 1996)

Drugs/Drug Type	Qty. Seized (In Kilograms.) Jan. - June 1997	Qty. Seized (In Kilograms) Jan. - June 1996	Percent (+/-)
1. Dangerous Drugs			
a. Prohibited	-		
Heroin	-	1.400	
Cocaine	-	1.593	
Cannabis:			
Leaves	387.027	266.308	
Hashish	-	0.031	
Seeds	13.002	76.800	
b. Regulated			
Methamphetamine hcl	409.520	915.904	
Ephedrine hcl	-	1,615.00	
Total :	809.549 kgs.	2,615.136	(-71.86)
Drugs/ Drug Type	**Qty. Seized (In Kilograms.) January-June 1997**	**Qty. Seized (In Kilograms) January-June 1996**	**Percent (+/-)**
1. Dangerous Drugs			
a. Prohibited			
Coca Plant	-		
Cannabis		2	
Plant	1,128,718	2,054,828	
Seedlings	65,525	324,950	
Cigarette	132	1,270	
b. Regulated			
Valium (tab.)	30	50	
Dormicum (tab.)	0	11	
2. Non-Dangerous Drugs			
Volatile Substances			
Rugby (btls.)	132	0	
Total:	1,194,537	2,381,112	(-49.83)

Table 6: Comparative Drug Arrests According To Drug Types (January To June 1997 Vs. January To June 1996)

Drugs/ Drug Type	Qty. Seized (In Kilograms.) Jan. - June 1997 No.	%	Qty. Seized (In Kilograms) Jan. - June 1996 No.	%	Percent (+/-)
1. Dangerous Drugs					
a. Prohibited	-		3		
			0.52		
Heroin (powder)	-		6		
			1.04		
Cocaine (powder)	-		1		
			0.17		
Coca Plant	-				
Cannabis:					
Plants	18		19		
	1.88		3.32		
Seedlings	2		1		
	0.29		0.17		
Leaves	32		76		
	4.61		13.28		
Cigarettes	15		28		
	2.61		4.28		
Hashish	-		3		
			0.52		
Seeds	-		-		
Drugs/ Drug Type	**Qty. Seized (In Kilograms.) Jan. - June 1997 No.**	**%**	**Qty. Seized (In Kilograms) Jan. - June 1996 No.**	**%**	**Percent (+/-)**
b. Regulated Drugs					
Methamphetamine	630		433		
	90.78		76.69		
Ephedrine Hcl	0		2		
			0.34		
Valium	1		-		
	0.14				
Dormicum	0		-		
2. Non-Dangerous Drugs					
Volatile Substance					
Rugby	1		0		
	0.14				
Total:	694		572		(+21.32)
	100.00		100.00		

persons involved in illicit drug trafficking and cultivation reported in the same period compared which recorded a significant increase (+62.17%).

The quantity of dangerous drugs seized is inversely proportional to the number of raids/arrested persons conducted during the period covered (**Table 6**).

5. CONCLUSION

Despite the Government's efforts to reduce illicit drug trafficking and its use, drug abuse remains a serious problem in our country.

Filipino drug abusers continue to practice multiple drug use characterize by simultaneous intake of stimulants and depressants or some other combinations.

During the period in review, methamphetamine hydrochloride (shabu) was the number one drug of choice, in terms of quantity seized, number of seizure incidents conducted and apprehended persons. However, marijuana remains to be the most available and affordable drug of abuse in the country, as well.

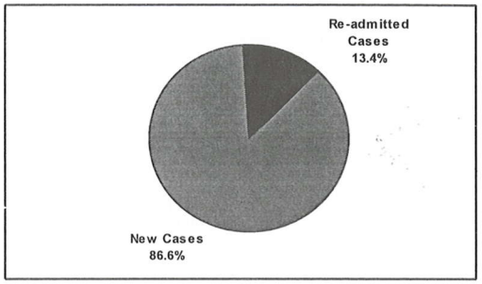
To be effective in our fight against the drug problem there is a need of a well balanced drug-supply and drug-demand reduction programme.

In our drug-supply reduction programme, there is a need to intensify law enforcement policies, a more rigorous punishment for individuals found to have violated the Dangerous Drugs Law (RA 6425), whether as a drug users or as a drug pusher, coupled with, prompt and timely passage of suitable legislations, as well as, litigation of drug cases and judicial process.

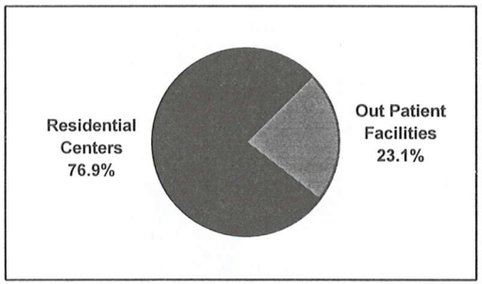
This should be equally matched by increasing the level of demand-reduction programmes, through intensified preventive education and information efforts; comprehensive treatment and rehabilitation services which will respond adequately to the needs of all types of drug abusers; and improve and strengthen the system of data collection, reporting and networking, not only at the national level, but the international level as well, particularly in the Asia and Pacific Regions.

The Philippine government firmly believes that the drug problem demands sustained cooperative action among states/governments, therefore each must work a sincere contribution to this joint effort in the fight against illicit drug trafficking and its abuse.

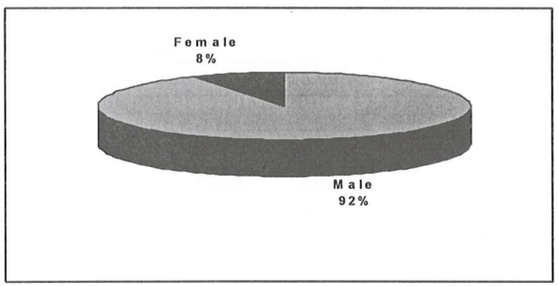
Philippines Newly Admitted Cases (January-June 1997)



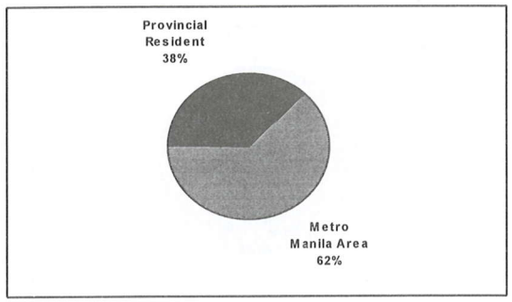
Number Of Active Treatment Center (January - June 1997)



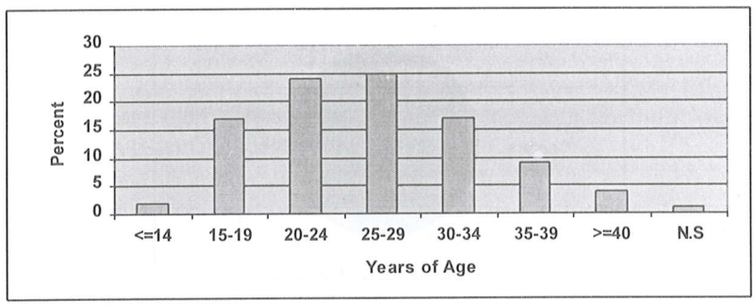
First Admissions: Gender (January - June 1997)



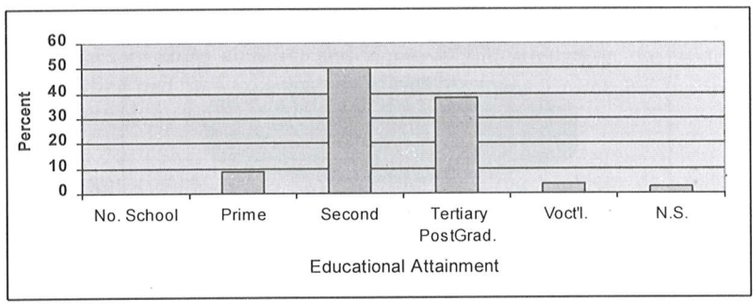
New Admissions: Area Of Residence
(January - June 1997)



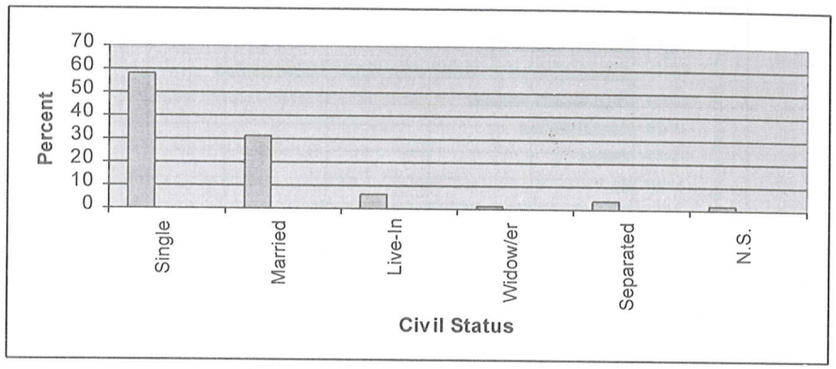
1st. Admissions: Age
(January - June 1997)



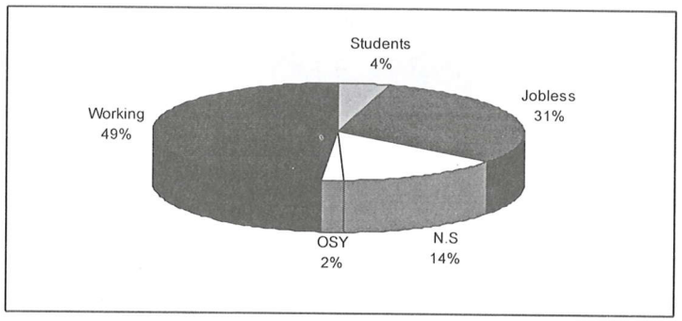
New Admission: Civil Status
(January - June 1997)



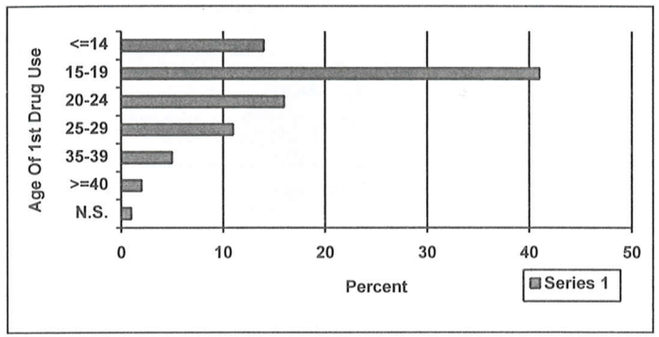
1st Admission: Civil Status
(January - June 1997)



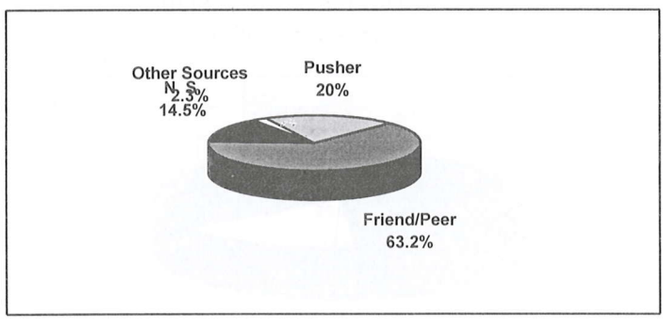
1st Admission: Employment Status
(January - June 1997)



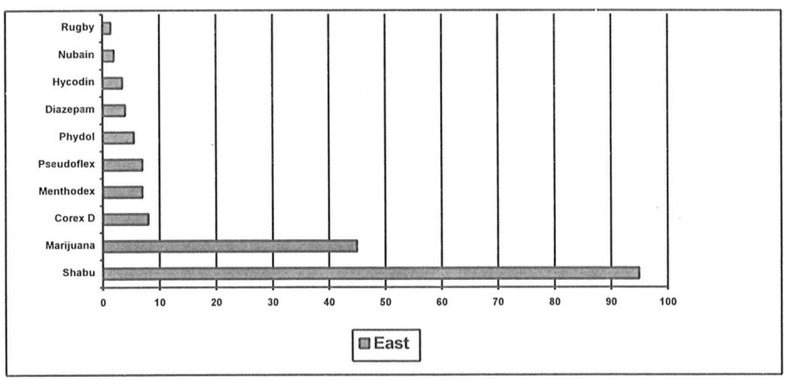
New Admissions: Age Of 1st Drug Use
(January - June 1997)



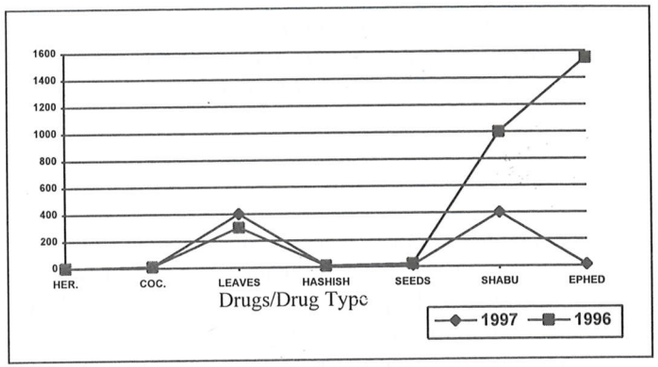
1st. Admissions: Primary Source Of Drugs
(January - June 1997)



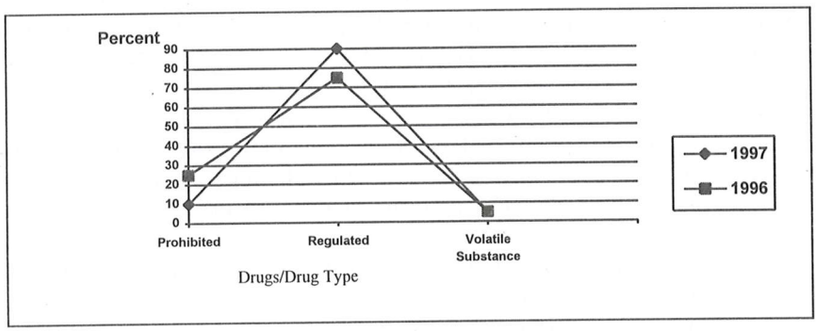
Ten Most Commonly Abused Drugs
(January - June 1997)



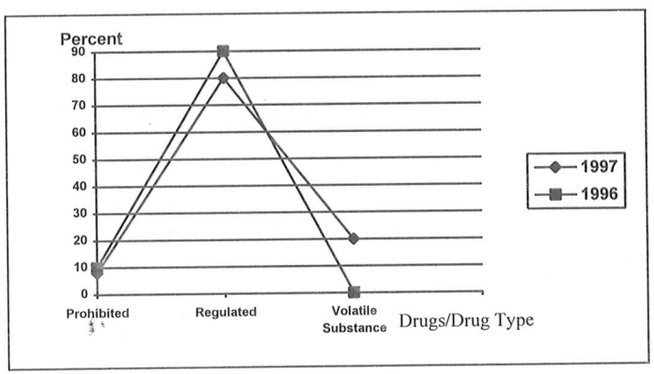
Comparative Drug Seizures (In Kilograms)
(January - June 1997 vs. January - June 1996)



Comparative Number Of Raids Conducted
(January - June 1997 vs. January - June 1996)



Comparative Number Of Apprehended Persons
(January - June 1996 vs. January - June 1997)



DRUG ABUSE SITUATION IN SRI LANKA

Y. Ratnayake
National Dangerous Drug Control Board
Colombo, Sri Lanka

ABSTRACT

Opiate abuse or similar drug abuse was not considered as a problem in Sri Lanka, until recently. The use of ganja (cannabis) had a limited clientele and was confined mainly to the working class of those engaged in hard work in rural and in urban areas. This class bias or the low 'value' given to the drug has been a major control over its spread to other segments of the society. With the arrival of heroin in early 1980s, the country began to face a serious opiate problem which was indicated by increased in heroin related arrests, heroin seizures, related crime, and imprisonment for drug related offences. In Sri Lanka there is no compulsory reporting system in respect of drug abuse. An event reporting system called Drug Abuse Monitoring System (DAMS) was established in early 1990s by the National Dangerous Drugs Control Board with UN assistance. Although in its infancy, it is the 'official' source of epidemiological information on drug abuse in the country. The drug abuse situation in 1996 was stable. Drugs of abuse did not shift significantly; and the route of drug administration remained primarily by inhalation. There was no increase in psychotropic substance abuse and no new substances were introduced in significant amounts to the drug using subculture. Pharmaceutical preparations containing narcotic drugs are not easily available without medical prescription. Incidents of illicit manufacture of drugs were not recorded. The number of drug dependents who seek help increased. Well-being of treated drug dependents has improved. The number of new recruits to drug abuse appears to be declining compared to previous years. Public awareness and participation of various sectors of the society in drug abuse prevention were good.

1. AREA DESCRIPTION

Sri Lanka is comparatively a small (62,337 sq. km) tropical island close to the southern end of India. The central hill country rises a little south of the centre of the island and is surrounded by a low-lying coastal plain. Sri Lanka had been ruled over a period of almost 24 centuries by a continuous monarchical chain, and the capital city has been moved from place to place within the island. Foreign domination began in Sri Lanka in 1505 with the advent of the Portuguese who ruled certain parts of the country until 1657, when the Dutch took over. The period of domination of the Dutch was 137 years, then they yielded to the British, who ruled the entire country for 150 years. In 1948, Sri Lanka got her independence.

The mid-year population estimate for 1996 was 18.2 million, with a marginal male preponderance. The population is multi-ethnic and multi-religious. Most of the people (78%) live in rural areas. The Sri Lankan family is traditionally of the extended type. However, urbanization, population pressure, life style trends, employment of women, rising cost of living, difficulties in housing, etc., have been contributing to rapid shift towards the nuclear type.

Traditionally an agricultural country, Sri Lanka has recently begun to expand into other areas of production and export. Tourism is another economic area into which the country is moving rapidly. Recent years have seen many people seeking long term employment abroad. Many of them go abroad for low-income jobs. Due to this reason, many families have temporarily become single parent units. The health status of the country is better compared to that of other countries in the Southern Hemisphere. Education is provided free and schooling is compulsory in Sri Lanka. The country has a literacy rate of 91% for males and 83% for females.

2. DATA SOURCES

The main source of the data presented in this paper is from the Drug Abuse Monitoring System (DAMS), which is the official source of epidemiological information on drug abuse in Sri Lanka. The DAMS is an event reporting system. Even though, it is not compulsory to report treatment events, Police Narcotics Bureau, all local police stations, and main treatment centres (GOs/NGOs) in the country send their information to the system, in specific forms, on a monthly basis. Other sources of information include Department of Prisons, Outreach Workers of the NDDCB stationed in several of the major cities, National Narcotics Laboratory of the NDDCB, and half-yearly key informant surveys.

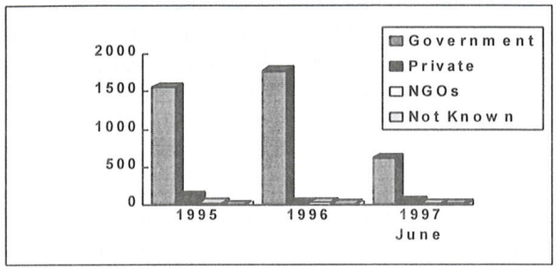
3. TREATMENT INDICATORS

This is the analysis of reports from the treatment facilities received by the Drug Abuse Monitoring System (DAMS) for the second quarter of 1997. The number of reports received for this quarter was 332 compared to the 380 reports received for the second quarter of 1996.

3.1 Reporting Agency

For the months of April, May and June 1997, 94.9% of the reports received were from the Government treatment facilities, 2.1% from the non-government treatment facilities and 1.2% from the private medical practitioners. During the second quarter of 1996, 96.5% of the 380 reports received were from Government treatment facilities, 3.5% from the non-government treatment facilities and no report received from the private medical practitioners.

Exhibit 1: Distribution Of Reported Drug Users By Treatment Facility Admissions



Source: Drug Abuse Monitoring System (DAMS)

3.2 Type Of Treatment

Out of the drug dependents reported to the DAMS for the second quarter of 1997, 34 received allopathic treatment, 275 non-medical treatment, 8 homeopathic treatment, 32 ayurvedic treatment and 24 acupuncture treatment. During this quarter, the 275 dependents were treated in the treatment and rehabilitation centres of the National Dangerous Drugs Control Board. During the second quarter of 1996, 37 received allopathic treatment whilst 35 ayurvedic treatment, 13 homeopathic treatment and 37 acupuncture.

3.3 Administrative District

Of the 332 reports received for the second quarter of 1997, 68.4% were from the Colombo district, 11.4% from Gampaha district and 6.0% from the Galle district. From the Kalutara and Puttalam districts, the reports received were 3.3% each. These five districts put together reported the highest number of drug users (92%) for the second quarter of 1997 **(Table 2).** During the second quarter of 1996, most (64.5 %) of the drug dependents were from the Colombo district, 10.0% were from the Gampaha district, 8.9% from the Kandy district and 8.2% from the Galle district.

3.4 Sex

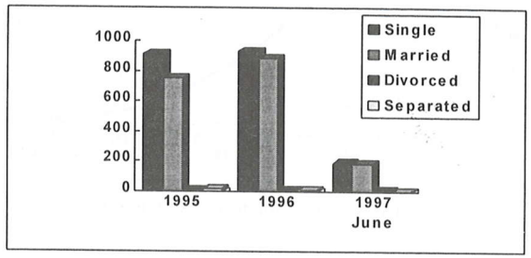
During the second quarter of 1997, there were no reports of females. During the second quarter of 1997, all the 332 reported drug users were male and no female addict was reported.

3.5 Marital Status

There were 183 (55.1%) single drug users and 144 (43.4%) married drug users reported to the DAMS in the second quarter of 1997. The corresponding figures during the second

quarter of 1996 were 190 (50.0 %) and 183 (48.1%), respectively.

Exhibit 2: Distribution Of Reported Drug Users By Marital Status Users



Source: Drug Abuse Monitoring System (DAMS)

3.6 Ethnicity

During the second quarter of 1997, there were 291 (87.7%) Sinhala drug users reported to the DAMS, the percentage of Moors reported was 6.0 whilst 4.5% were Tamils. The percentage of Malay drug users reported was 0.3. According to the census of 1981, 74% of the population of Sri Lanka were Sinhalese, 18.1% Tamil and 7.1% Moor. The percentage of the Malay and Burgher population taken together was 0.3. The rate of drug use during the second quarter of 1997 was 26.5 per one million among Sinhalese, 19.1 among Moors, 5.5 among Tamils and 102.6 among Burghers. During the second quarter of 1996 the ethnic distributions of the reported drug users were 86.8% Sinhala, 3.3 % Tamil, 6.8% Moor and 0.7% each for Burgher and Malay.

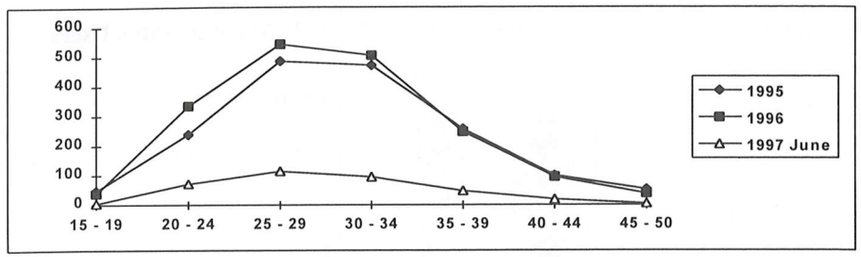
3.7 Religion

Of the 332 reports, 76.8% were Buddhist whilst 2.4% Hindus, 6.6% Muslims and 12.7% Christians. The percentage proportion of Buddhists, Hindus, Muslims and Christians in Sri Lanka is 69.3, 15.5, 7.6 and 7.5, respectively, according to the census of 1981. The rates of drug use among them during the second quarter of 1997 were 24.8, 3.5, 19.6, 37.1 per one million persons, respectively. During the second quarter of 1996, 72.8% of the reported drug users were Buddhists, 2.3% Hindus, 8.6% Muslims and 13.4% Christians.

3.8 Age

The majority of the drug users (72.3 %) were between the age of 20 - 34 during the second quarter of 1997 compared to that of 74.4% in 1996. The average age of first use for heroin, tobacco, alcohol, and cannabis was 18 years during the second quarter of 1997.

Exhibit 3: Distribution Of Reported Drug Users By Age



Source: Drug Abuse Monitoring System (DAMS)

3.9 Education Level

Of the 332 drug users reported during the second quarter of 1997, 81 (24.4%) attended school up to year 8 and 93 (28.0 %) up to year 10. The number of drug users who had completed the GCE O/Level was 94 (28.3%) and 25 (7.5%) had completed the GCE A/Level examination. Of the reported drug users 7 (2.1%) had not attended school. During the second quarter of 1996, among the drug users reported, 108 (28.5%) attended school up to year 10, whilst 120 (31.5 %) and 19 (5.0 %) had completed their GCE O/Level and GCE A/Level examinations, respectively.

3.10 Type Of Drug Use

The majority of the reported drug users were heroin dependents (79.8 %). Among the reported drug dependents, 39 (11.7%) were cannabis users and 6 (1.8 %) took Hashish. Only one person (0.3%) was reported taking opium, compared to the second quarter of 1996 **(Table 9)**, 97.6% were heroin users and 0.5% used hashish and opium.

3.11 Route Of Drug Administration

Out of the 332 reported drug users, 252 (75.9%) had chased the drug (chasing the dragon), while 3 of them injected the drug during the second quarter of 1997. The number of drug users reported who had smoked the drug during the second quarter of 1996 was 109 (28.7%) There were 3 cases (0.9%) of intravenous users reported during the quarter. The majority, 226 (70.0%) had 'chased' heroin during this quarter.

4. LAW ENFORCEMENT INDICATORS

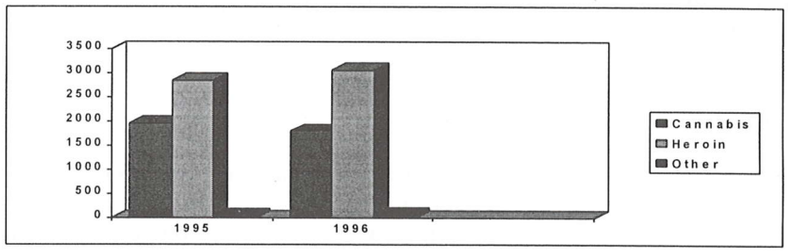
This is an analysis of 4940 reports received by the Drug Abuse Monitoring System (DAMS) from 207 Police stations and from the Police Narcotics Bureau (PNB) for the months of January - December 1996. The majority of drug related arrests were made by police stations in the Greater Colombo area. The situation was similar in 1995 and the

number of reports received was 4849.

4.1 Type Of Drug

The majority of drug arrests reported were due to heroin related offences (62.2%), while 36.3% were due to Cannabis related offenses. IN 1995, 58.5% of the arrests were heroin related and 40.3% were cannabis related offences.

Exhibit 4: Reported Drug Related Arrests By Drug Arrests



Source: Drug Abuse Monitoring System (DAMS)

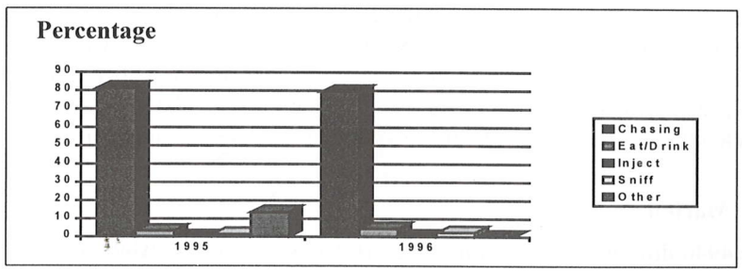
4.2 Nature Of Offence

Out of the 4940 reported arrests, 3260 had "used" drug, 1129 "sold" drugs and 493 were "addicts" compared to 2860 arrested for "using," 1254 for "Selling," and 711 who were "addicted" to drugs in 1995.

4.3 Method Of Drug Administration

Majority of the arrested persons (79.4 %) had 'chased' the drug, while 2.4% had 'sniffed' the drug. There were 25 cases (0.5%) of intravenous drug use reported in 1996. In 1995, for the same period of reporting 81.4% had 'smoked' the drug and 1.5% had sniffed. There were 9 cases (0.2%) reported to the DAMS with intravenous drug use during this period.

Exhibit 5: Reported Drug Related Arrests by Route of Use



Source: Drug Abuse Monitoring System (DAMS)

4.4 Sex

From January to December 1996, of the 4940 arrested 4634 (93.8 %) were male whilst 258 (5.2 %) were female. The number of males arrested in 1995 was 4565 (94.1%) and the number of females was 238 (4.9 %).

4.5 Age

Out of the 4940 reported arrests, 77.2% were in the age group of 20 - 39 years compared to 78.0% of that reported in 1995.

4.6 Ethnicity

The number of Sinhalese arrested was 4040 (81.8 %) and the number of Moors was 372 (7.5 %), and Tamil was 292 (5.9%). According to 1981 population census, 74% of the Sri Lankan population were Sinhalese with 18.1% Tamil and 7.1% Moor. In 1995, the percentages among Sinhala, Moor, and Tamil communities were 76.7, 59.8, 10.2 and 7.1, respectively.

4.7 Religion

Of the 4940 arrests reported to the DAMS, 3741 (75.7 %) were Buddhists whilst 456 (9.2 %) were Muslims. The number of Hindus was 274 (5.5%) and 244 (4.9%) were Christians. According to the 1981 Census report the proportion of Buddhists, Hindus, Muslims and Christians in the population was 69.3, 15.5, 7.6 and 7.5 percents respectively. The percentages of drug related arrests among Buddhists, Hindus, Muslims and Christians were 74.3, 12.0, 6.4 and 3.2, respectively.

4.8 Education

Out of the 4940 reported arrests, 21.6% attended school up to year 5 and 29.5% up to year 8. The percentage that had attended up to year 10 was 21.0, whilst 8.6% had completed the GCE O/Levels and 1.0% had completed the GCE A/Levels. There were 1.3% professionally qualified persons. Out of the persons arrested, 12.5% had not attended school. In 1995, 24.9% attended school up to year 5 and 26.4% up to year 8. The percentage that had attended up to year 10 was 16.9, whilst the percentage that had completed the GCE O/Levels and the GCE A/Levels were 8.1 and 0.1 respectively.

4.9 Marital Status

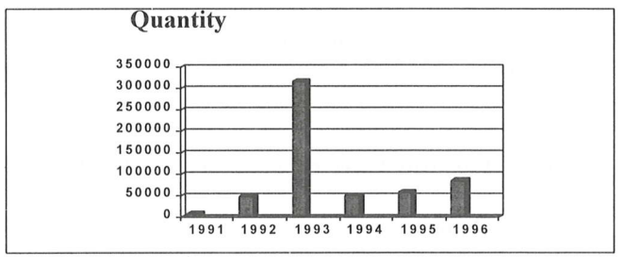
Of the 4940 drug users arrested in 1996, 61.2% were married, while 35.5% were single. In 1995, 59.4% were married whilst 37.8% were single.

5. DRUG OF ABUSE, TRENDS AND PATTERNS

5.1 Cannabis

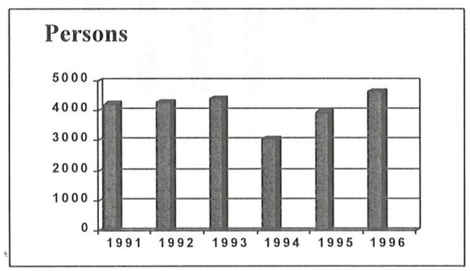
Cannabis is believed to be the most prevalent used illicit drug in 1996. Illegal cultivation of cannabis continued as in previous years in the jungle areas of Sri Lanka. Traditionally, it is mostly grown in the South Eastern region in the country. Although no survey has been done in 1996 (or in the recent past) on the extent of illicit cultivation of the cannabis plant, some useful information is available from the Police Narcotics Bureau's (PNB) Annual Report, 1995. According to the report, cannabis plantations are mostly confined to an average of ¼ acre plots in the jungles and are also grown as a "side crop" by cultivators of vegetables. Cannabis cultivators are mostly controlled by the local businessmen in their respective areas. The trafficking of locally produced cannabis is from outstations to Colombo. The trafficking of locally produced cannabis is from outstations to Colombo. From the jungles, it is first brought to villages, then to towns via provincial capitals to Colombo, mostly along with vegetable and other consumer goods. During the period January to December 1996, cannabis seized was 85,342.384 kg. Cannabis is inexpensive, compared to heroin or opium. Street value of cannabis was around Rs. 2. 20 per gram. Most of the cannabis offenders were young male adults.

Exhibit 6: Quantity Of Cannabis Seized (In Kg). 1991-96



Source: Drug Abuse Monitoring System (DAMS)

Exhibit 7: Number Of Persons Arrested For Cannabis Related Offences 1991-96



Source: Drug Abuse Monitoring System (DAMS)

Whilst smoking of cannabis is mostly confined to low income groups of the cities and villages, some reports suggest that even affluent youth in the cities engage in it regularly at 'parties.' It is believed that the cannabis smoked at the "parties" is of higher quality than that of the street level, prepared mostly from the inflorescence of the cannabis plant.

5.2 Heroin

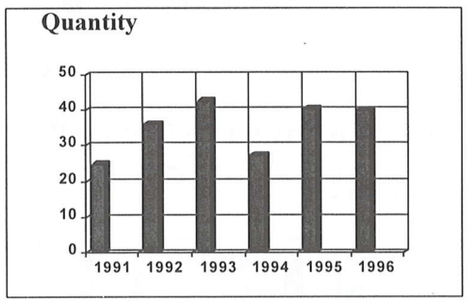
Heroin is the most frequently abused illicit opiate. 'Brown Sugar'(number 3 heroin) is available in most parts of the island as in the previous year. In 1996, the quantity of heroin seized by the drug law enforcement officers was 39.815 kg. The bulk of it came from India and lesser quantities of it from Pakistan. The average purity of heroin seized in bulk was about 50% to 55% morphine and that of street level heroin was around 40%. The average streets price of no.3 heroin range between Rs. 1,000 to Rs. 1,200 per gram.

Charas, also known as 'halape'(black tar heroin), which is lower quality heroin, was sold in Colombo for Rs. 20-30 a packet (10-15 mg). According to the users, unlike good quality heroin it does not 'run' on the tin foil when heated, instead it would 'burn' in one spot on the foil. Its availability was limited to Colombo.

5.2.1 Method Of Heroin Administration

Inhaling of heroin vapor or 'chasing the dragon' (locally known as 'Chinese method') was the much preferred method of use as in the previous years. Very few injecting drug dependents were reported.

Exhibit 8: Quantity Of Heroin Seized (In Kg) 1991-1996



Source: Drug Abuse Monitoring System (DAMS)

5.2.2 IV Drug Use

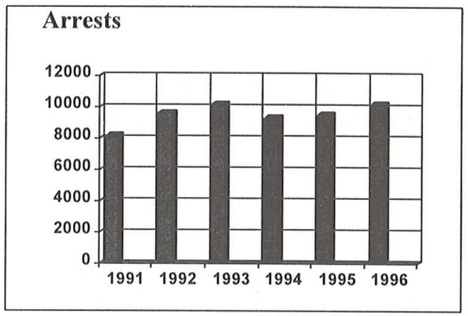
Details are not available on specific characteristics of injectors but a case reported by an

Outreach Assistant on a regular injector gives a 'snap shot' of them. The drug injector had needle marks in his body, which confirmed his drug injecting career. According to him, he could cut down on his heroin costs from Rs. 600 to 200 per day (by about 75%) by resorting to injecting heroin. He revealed that he used to go to a heroin injecting "doctor" in his area for his shots. However, after some time he stopped going to the "doctor" because he was cheated - the "doctor" had given only half the dose for a price of one. Presently, he injects drug on his own. ".... a packet of heroin would be emptied into a spoon, dissolved by adding water and a bit of lime juice. Then, it would be boiled in a spoon with a flame. The contents of the spoon will be sucked into a syringe through an unused cigarette filter. Using a staple around his arm, having located a vein (it would be confirmed by dragging some blood from the vein to the syringe) the drug is injected into the vein...".

5.2.3 Heroin Market

Heroin dealing in towns outside Colombo was apparently done by small scale traffickers who travel between Colombo and outstations. They supply heroin mostly to local street level pushers-cum-users who would generally resell the stock for a commission of 1-2 packets of heroin for every 25-30 packet sold. The traffickers use buses, night train or sometimes 'three wheelers' from Colombo to transport heroin with them.

Exhibit 9: Number Of Persons Arrested For Heroin Related Offences 1991-96



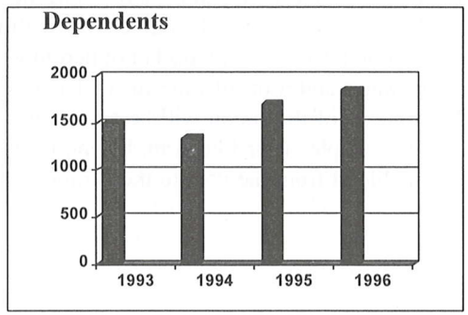
Source: Drug Abuse Monitoring System (DAMS)

5.2.4 Heroin Use In Colombo

Colombo city and its suburbs reported the highest number of heroin users. Many heroin users from Colombo come from 'gardens' (shanty/slum areas) and densely populated lanes who are generally considered as 'poor' by the main-stream of the society. However, many of the users earned between Rs. 200-400 a day as wages during the period under review. Many worked in the informal sector of the city's work force and their

employments were generally seasonal. The profile of the heroin users in Colombo more or less fit their counterparts in other towns as well.

Exhibit 10: Admission For Treatment By Heroin Dependents From 1993-1996



Source: Drug Abuse Monitoring System (DAMS)

5.2.5 Treatment

Heroin dependents in the country sought a variety of treatments. These treatments ranged from popular inpatient detoxification and rehabilitation at NDDCB treatment centres, out patient treatment from allopathic medical practitioners, homeopathic treatment, ayurvedic treatment, self medication by drugs obtained from pharmacies and other outlets, seeking spiritual help from religion, deities based treatment, making vows at various places of worship, and changing their place of residence. Some heroin dependents had taken treatment at psychiatric wards without identifying themselves as heroin users. It was reported that in Negombo, three heroin users had committed suicide.

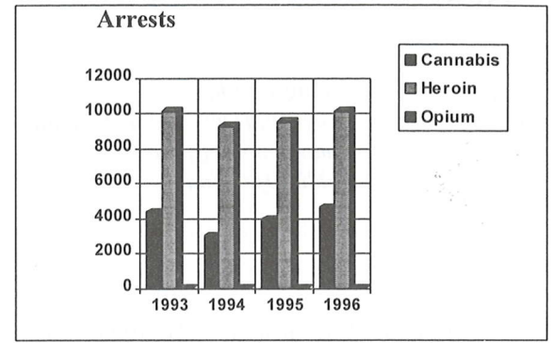
5.2.6 Attitudes/Practices

Most of the drug dependents and their families were in the belief that alcohol is 'safer' than heroin. It was not uncommon for a mother, wife or a family member of a heroin dependent to yell at him "why don't you stop that 'kudu gehima' (meaning stop taking heroin) and take some arrack instead".

5.3 Opium

Opium abuse has taken a downward trend with the dawn of the 1980s. However, opium continues to be available and abused in Sri Lanka over a long period of time. The abuser obtains his requirement from the stocks of opium which are imported for medicinal purposes, or from the stocks which are illegally brought into the country.

Exhibit 11: Number Of Persons Arrested For Drug Related Offenses From 1993-96



Source: Drug Abuse Monitoring System (DAMS)

5.4 Psychotropic Substances

According to unconfirmed reports Flunitrazapam, Mandrax, Diazepam, Codeine, Methadone, Amphetamine, Valium, and Rohypnol were the widely abused psychotropic substances during the year. According to reports, some pharmacies in Colombo and outstations sold most of these substances over the counter for drug dependents charging high prices. There were occasions reported that some tablets were given free with heroin to enhance the effect of heroin. Furthermore, unofficial reports confirmed the occasional use of ecstasy by a certain group of youth as in the previous year.

DRUG ABUSE SITUATION AND ANTI-DRUG PROGRAMMES IN TAIWAN, R.O.C.

Jih-Heng Li, Ph. D
National Narcotics Bureau, Department Of Health
Executive Yuan (Cabinet), Taiwan
Republic Of China

ABSTRACT

Taiwan has been deluged by drug menace since 1990. Methamphetamine and heroin are the two predominant illicit drugs of abuse and account for 3/4 - 4/5 and 1/4 - 1/5 of the total illicit abuse cases, respectively. It has been estimated that over 200,000 persons, or 1% of the total population, are currently abusing at least one drug. Flunitrazepam, which is now a legal medicine has been abused recently and ranks the third among the drugs use by addicts admitted for treatment. The sniffing of glue, a substance abused in the 1960's, has recurred as the fourth drug of abuse among addicts reported for treatment. While the link between IDUs and AIDS is still weak (3.6%), the high proportion of drug administration through injection (44.8%) among addicts reported for treatment, has made it a priority in AIDS prevention. A whole spectrum of anti-drug programs has been implemented at all levels of government since February 1994.

1. AREA DESCRIPTION

Located in the West Pacific, Taiwan is separated from the Mainland China by the Taiwan Strait. Taiwan consists of the Taiwan Island proper and some 85 islets, with a total land area of 36,000 square kilometers (14,000 square miles). Although Taiwan is relatively small, it is densely populated with 21,525,433 people (census at the end of 1996). Such a high population density (595 people or square kilometer of land area or 2446 people per square kilometer of arable land) has made life on this tiny island very crowded and competitive. Nevertheless, the economy of Taiwan has been rapidly developed in the past two decades and the quality of life has also been substantially improved. The per capita national income in 1996 was NT$ 321,174 (US$ 11,696). This was a ten-fold increase over the US$ 1,041 of 1976 (1).

Drug abuse was not considered a significant issue until 1990. Several factors may contribute to the probabilities of drug abuse in Taiwan:

The martial law imposed on Taiwan in 1949, was lifted in 1987. Since then, the society has become democratic and diversified;

- The economy, which has been improved in the early 1980's, continued to flourish. Drug problems can be regarded as a side effect of "getting-rich-syndrome".

- Since Taiwan is surrounded by sea, drug smuggling by boat has been a challenge to the National Cost Guard and the Customs.

2. DATA SOURCES AND TIME PERIOD

Data for this report were obtained from the following sources:

- Data for court referrals on arrests, seizures and laboratory reports on urine samples of drug abusers from 1992 - 1996 were obtained from the Investigation Bureau, Ministry of Justice; the National Police Administration, Ministry of Interior, the Headquarters of Military Police, Ministry of Defense; the National Laboratories of Foods and Drugs, Department of Health; and all the local Health Department.

- Data on drug-treatment admissions, from January 1995 to February 1997, to 42 out of the 129 government-designated hospitals and clinics that are equipped with psychiatry therapy and drug treatment facilities, were obtained from Department of Health, National Institute of Preventive Medicine, Field Epidemiology Training Program.

- Data on AIDS, HIV infection and routes of drug administration, from December 1994 to September 10, 1997 were obtained from the Bureau for Prevention of Communicable Diseases, Department of Health.

3. DRUG ABUSE TRENDS

Problems related to drug abuse are not new to Taiwan. In the late nineteenth century, Taiwan suffered from opium abused when opium smoking becomes one of the most serious problems in Ching Dynasty of China. It was estimated that there were some 160,000 opium addicts, or approximately 6.3% of the total 2,500,000 inhabitants at the turn of the century. After the Sino-Japan War, Taiwan was ceded to Japan for 50 years (1895 - 1945) and the Japanese government adopted the "opium license" policy for the opium smokers. The opium license system, which could be likened to today's methadone maintenance program except that a quota of opium was distributed by the government monopoly, brought a fortune for the colonial government and somewhat alleviated the abuse situation (2).

When the Republic of China reclaimed Taiwan after World War II, there were only two thousand addicts left. In the subsequent two decades (1940's-1950's), Taiwan was practically free from the drug problems. However, from the early 1960's onward, drug

abuse gradually emerged again. In the 1960's glue with toluene as the solvent was the most popular substance abused among youngsters by way of sniffing.

In the 1970's, pentazocine, a synthetic opioid analgesic, that was then not controlled as narcotic, replaced glue as the drug of choice. The abuse of pentazocine was eliminated after it was enlisted and controlled as narcotic by the Department of Health.
In the early 1980's, the trend of abuse switched to psychotropic agents. Barbiturates (mainly secobarbital and amobarbital) and methaquaolone, all of which were legal medicines and could be purchased without prescription in most pharmacies, become the predominant drugs of abuse. It was soon brought under control after methaqualone was banned and the two barbiturates were enlisted in the controlled drugs. Although the cases of drug abuse began to show up during 1960's - 1980's, it was estimated that the population of drug abusers in Taiwan was several thousands at most and the drug abuse was considered a minor problem in these three decades (2).

As Taiwan progressed into the 1990's, when the martial law was lifted and the economy started to flourish, there was an alarm on the drug abuse situation. Since then methamphetamine has been the major drug of abuse. In the past several years, heroin abuse has also become epidemic. It has been estimated that the population of illicit drug abusers may be over two hundred thousand persons, or about 1% of the total population in Taiwan.

4. TRENDS OF DRUG ABUSE

4.1 Methamphetamine

A surge of methamphetamine abuse among students was first reported in June 1990 by the National Laboratories of Foods and Drugs (NFLD). The NFLD data showed that cases of methamphetamine abuse increased to 74.2% in 1990 from the percentage in 1989. Meanwhile, the National Poison Center located in the Taipei Veterans' General Hospital also reported an abrupt increase of methamphetamine intoxication cases. Methamphetamine is affordable even to students, because it is cheap (about NT$ 800 per 2 gram package, or US$ 16 per gram) and easily converted from ephedrine. It has been the most predominant drug of abuse in Taiwan since 1990.

Illicit drug abuse is an indictable offence. Therefore, drug abusers usually conduct their activities underground. Even so, an average of 5000 abusers are indicted each month during the past several years according to the results of urine tests for court referrals, performed by all local health departments, National Police Administration, and the Investigation Bureau of the Ministry of Justice, (Exhibit 1). Among the indicted abusers, 3/4 - 4/5 of them consumed methamphetamine. The amounts of methamphetamine seized are 2381, 1791, 2569, 1368 and 1621 kgs, from 1992 through 1996, respectively (Exhibit 2). On the one hand, the methamphetamine seizure demonstrates the efforts

executed by the judicial system on the supply side. On the other, it may also imply the severity of the methamphetamine abuse problem.

Although methamphetamine is the prime drug of abuse, it is not the most frequently mentioned drug among treatment admissions (Exhibit 3). Heroin, which constitutes 52% of the treatment admissions, takes the lead instead. The main reasons could be due to heroin's severe physical dependence/withdrawal which drives the addicts to seek treatments.

4.2 Heroin

Heroin is currently the second predominant drug of abuse. Approximately 1200 heroin abusers, or 1/4 - 1/5 of the total positive urine test of suspects, are indicted each month (Exhibit 1, manifested as positive results of morphine, heroin's major metabolite, in the urine). The amounts of heroin seized are 399, 1096, 667, 203 and 136 kgs, from 1992 through 1996, respectively (Exhibit 2). Although heroin abuse is still alarming, the situation of heroin abuse seems to level off during the past two and half years (March 1995 - September 1997).

4.3 Other Opiates

Sporadic cases of morphine and opium seizure have been reported, although they only constitute 1% of the treatment admissions (Exhibit 3).

4.4 Flunitrazepam And Other Depressants

Abuse of depressants is a relatively new issue. Secorbarbital, amobarbital and methaqualone were among the first three antidepressants to be misused in the early 1980's. In September of 1995, the first abuse case of flunitrazepam (nicknamed as FM2) was reported in Tao-Yuan Country, located in the northern part of Taiwan. Subsequent FM2 abuse cases have been observed nationwide since then. Drug mentions of depressants, most of them are FM2, consist of 7% of the total treatment admissions and rank in the third place (Exhibit 3).

4.5 Inhalants

The major inhalant abuse is glue sniffing. The abuse of flue, which contains toluene as the solvent, was an epidemic in the 1950's. Manufacturers of glue have been mandated by the government to add mustard oil in the glue preparations to prevent them from being abused.

However, glue sniffing has recurred in the past two years. Glue is now the fourth substance of abuse and consists of 5% of the total treatment admissions (Exhibit 3).

4.6 Marijuana And Cocaine

The seizure of cocaine and marijuana is very small, if compared with that of methamphetamine or heroin (Exhibit 2). Although marijuana and cocaine are widely abused in the western societies, they are not currently a serious problem in Taiwan.

5. SPECIAL PROJECT

The introduction of opioid agonists, methadone or LAAM, and partial agonist buprenorphine, for opioid addiction treatment was suspended by the Department of Health after a thorough discussion in July 8, 1994. Naltrexone, an opioid antagonist, was instead introduced through a special joint project between the Department of Health and the Ministry of Justice, to treat drug-offence parolees at their own will. The project, which will be evaluated for its effectiveness by prevention of relapse, will release its first report in Mid-November, 1997.

6. ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS) AMONG INJECTING DRUG USERS (IDUs)

Of the 1379 acquired immunodeficiency syndrome (AIDS) cases and 493 human immunodeficiency virus (HIV) positive cases reported in Taiwan from December 1994 through September 10, 1997, 50 (3.6%) and 19 cases (3.9%) were classified as IDUs, respectively (Exhibit 4). The data on the routes of drug administration, as shown in Exhibit 5, indicate the potential of HIV infection through needle sharing. To avoid the spread of HIV, the Department of Health has decided not to control syringes and needles, which are now freely available in any pharmacy.

7. ANTI-DRUG PROGRAMS

To cope with the current drug abuse situation, the Executive Yuan (Cabinet) has organized the Central Anti-Drug committee (CADA) in February 1994, stressing the importance of eradicating the problem from both supply and demand sides (3). The CADA is composed of three task forces, namely, seizure enforcement, anti-drug education, and addiction treatment. The seizure enforcement, led by the Ministry of Justice, has shown the credit by confiscating thousands of kilograms of methamphetamine and heroin. The task force of anti-drug education, led by the Ministry of Education, is just getting momentum on the student who are evaluated as one of the major high risk groups. In contrast, the effectiveness of addiction treatment has been an

issue of debate due to the antiquated "Law for the Eradication of Illicit Narcotics", in which drug addicts are regarded as criminals. Fortunately, the old law was revised into the Law for Prevention and Enforcement of Illicit Drug Hazard", which has just been passed by the Legislative Yuan on October 30, 1997. According to this new law, the drug policy on addicts will be switched from pure criminals to "diseased criminals", a term stands for addicts' new status and assures those who are in jails will obtain full medical and psychosocial treatments.

8. REFERENCES

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3. Li, Jih-Heng, 1996: To criminate or not to criminate? - The Dilemma and Pragmatism of Drug Policy toward Addiction Treatment in Taiwan, R.O.C., Presented at the 7th International Conference on the Reduction of Drug Related Harm, 3 - 7 March 1996, Hobart, Australia.

DRUG ABUSE SITUATION IN VIENTIANE MUNICIPALITY

Narcotic And Poison Division
Food And Drug Department, Ministry Of Health
Lao People Democratic Republic

AREA DESCRIPTION

Lao People Democratic Republic (PDR) is a land-locked country with an estimated land area of 236 800 square kilometers. It consists of 17 provinces and 1 special region, 133 districts, and 11 795 villages. The main ethnic groups of Laoloum (Lowland Lao), Laosoung (Highland Lao), and Laoteung (Upland Lao) make up the major portion of the population of 4.605 million (1995 population census).

The capital city of Vientiane has an area of 3920 square kilometers with estimated population of 531 800 (1995 population census) or approximately 11.5% of the total population of Lao PDR.

In 1995, the age group distributions were 197 605 persons (37.15%) in 0-14 years age bracket, 298 157 persons (56.06%) in the 15-60 years age bracket and 36 038 persons (6.77%) in 61 and above age brackets.

2. SOURCES OF DATA

Data collection is centralized at the Lao National Commission for Drug Control (LNCDC) and Supervision which is a task force composed of representatives from various ministries and institutions. This organisation has very limited operational resources, to carry out data collection analysis, it has to deal with the National Statistics Centre, Hygiene and Epidemiology Institute, health care agencies, and Narcotic Control Unit, Ministry of Interior. Besides this, some line ministries carried out their own sampling survey related to glue sniffing and cannabis consumption for demand reduction purposes. These data are collected, analyzed and filed at LNCDC.

3. CURRENT DRUG ABUSE SITUATION IN VIENTIANE MUNICIPALITY

3.1 Number Of Addicts Identified

According to a study of drug used in June and July 1996, in 4 metropolitan districts of Vientiane Municipality, the major drugs of abuse among young people (age under 20) are glue sniffing and alcohol. It is estimated that there are approximately 1,100 glue sniffers and many were school drop-outs, 13 opium addicts, almost are elderly and 27 cannabis smokers.

The majority are unskilled and unemployed and come from poor families. One heroin user has been reported and none on other drug use **(Table 1).**

Table 1: The Number Of Drug Addicts In Vientiane Classified By Type Of Drugs

Type of Drugs	Total
Opium	13
Cannabis	27
Volatile Substances	1100

3.2 Drug Seizures And Arrests

According to the Narcotic Control Unit's data, cannabis seizures showed a decline of 4,732.08 kg in 1995 throughout the country compared with the last 2 years. In the same year, heroin seizures gradually increased to 49.65 kg, and opium was the largest amount seized. In 1996 (April - June), a total of 5 drug seizure cases were reported in Vientiane. Out of the 5 cases, 40.8 kg of heroin were seized in 3 cases, 1 case of cannabis seizure and 1 case of morphine seizure. No reported opium seized in 1996. In 1997 (January-September) majority of reported seizure case was that of amphetamines, 1 case of opium seizure and 1 case of cannabis seizure **(Table 2).**

Table 2: Seizures Of Drugs Throughout The Country In 1995 And In Vientiane Second Quarter 1996 And 1-9/ 1997 (Kg Pill).

Type of Drug	1995	2nd Quarter of 1996	Jan.-Sept. 1997
Morphine	0	8.00 kg	
Heroin	49.65 kg	40.80 kg	
Opium	695.05 kg	0	3.00 kg
Cannabis	4,732.08 kg	435.00 kg	15.90 kg
Amphetamine			83,769 pills

A total of 17 arrests were made in Vientiane during the second quarter if 1996 (April - June), most were arrests for possession. In 1997, a total of 24 arrests were made. All of the arrests were for sale **(Table 3).**

Table 3: Number Of Drug Arrests In Vientiane

Type of offence	Number of arrests	
	2nd. Quarter of 1996	3 Quarters of 1997
Use/consumption	0	0
Possession	11	0
Sales	0	24
Trafficking	6	0
Conspiracy	0	0
Others	0	0
Total	17	24

4. ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS) AND HIV

According to the report of the National Institute of Hygiene and Epidemiology (NIHE) and National Committee for AIDS Control, the situation of AIDS and the number of AIDS patients and symptomatic HIV infected patients since January to September 1997 **(Table 4)** are as follows:

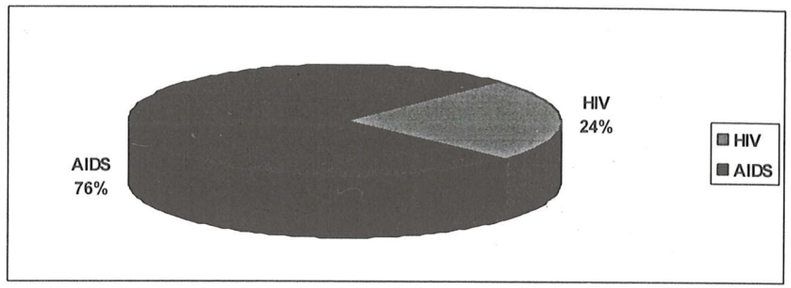
- There are 8 cases of symptomatic HIV infected patients, all are still alive.
- There are 25 full brown AIDS patients with 8 death.

According to the risk factors causing people to get AIDS or become the symptomatic HIV infected patients, sexual activity is the most important factor. There are no drug related HIV positive and AIDS cases.

Table 4: The Number Of Full Brown AIDS And HIV Positive Since 1995, 1 April To 30 June 1996, And January-September 1997

	AIDS Patient			HIV Patients		
Survey Area	Total	Dyin	Living	Total	Dying	Living
Vientiane 1995	4	4	0	31	0	31
Vientiane Mun. 4-6/96	3	0	3	8	0	8
Vientiane Mun. Jan.-Sept./97	25	8	17	8	0	8
Total	32	12	20	47	0	47

Figure 1: Number Of HIV And AIDS In Vientiane In 1997



PART 2 – Section Two

REGIONAL REPORTS
(January - September 1997)

A COMPARISON OF DRUG ABUSE PATTERNS OF SELECTED EAST ASIAN CITIES — 1996/97

Center for Drug Research
Universiti Sains Malaysia

ABSTRACT

Drug treatment and law enforcement data were collected using a standardized instrument in six East Asian cities: Bangkok, Kuala Lumpur, Manila, Hanoi, Yangon and Vientiane. Information from treatment sources indicated significant variations in drug abuse patterns between these cities. Heroin was the most widely used illicit substance among clients admitted for treatment and rehabilitation in Bangkok, Kuala Lumpur and Yangon. In Hanoi, both heroin and opium use were the predominant problems. Polydrug abuse of amphetamines, alcohol, cannabis and cough syrup was widespread in Manila. In Vientiane, alcohol abuse was predominant. Injecting drug use was common in Bangkok and Hanoi. In Hanoi, drug abuse by inhalation was also becoming popular. In Kuala Lumpur smoking or 'chasing the dragon' was the main route of drug administration. There are some variations in the socio-demographic profile of drug dependents contacted by treatment agencies between the cities. The number and rate of drug-related arrests varied between the six cities. Differences in the types and quantity of drugs that were seized were also observed.

1. METHOD

Using a standardized instrument, members of the Asian Multicity Epidemiology Work Group collected information on epidemiological indicators. These include drug treatment and law enforcement data, drug-related health and social indicators. These data are monitored on a quarterly basis.

2. DATA SOURCES AND TIME PERIODS

The number of quarterly reports received from participating cities varied. Manila and Bangkok had provided the most up to date reporting (January/July 1992 - September 1997). Kuala Lumpur had reported data from July 1992 to June 1997. Hanoi had submitted annual figures from January 1994 to September 1997. In the case of Yangon information was available for 1994 and January - September 1996. Vientiane had reported data for the period April - December 1996 only.

Data sources varied between these six cities. Kuala Lumpur reported aggregated data on all drug dependents who were contacted by governmental agencies (i.e., police, prison, treatment centers, etc.) for the first time over the reporting period. These data were obtained from the National Drug Information System. The sources of information on treatment indicators of the other cities include both specialized drug treatment facilities and primary or general health facilities (in the case of Bangkok and Hanoi). In Bangkok, treatment data were collected from four specialized drug treatment centers and 34 primary/general health care facilities. Treatment data for Manila were available from 10 of the 13 drug treatment centers operating in the city. There are 2 drug treatment and rehabilitation centers and 9 primary/general health care facilities in Hanoi. Treatment data were reported by both the specialized treatment centers and 2 of the primary health care centers. Yangon has only one specialized drug treatment center. Treatment data for Vientiane has been reported from the one and only primary/ general health care center.

Data on law enforcement indicators were obtained from law enforcement agencies such as the police and prisons. Comparability of the nature of drug abuse between the cities was limited due to variation in sources of information and the types of cases from which data on treatment indicators were collected (i.e. new or first admissions, or total, which included both new and readmissions). Nonetheless, the use of a standardized data collection instrument had facilitated the collection of data of selected core drug abuse indicators. Inspite of these differences some common features, as well as city variations could be inferred from the available information.

This paper presents a comparison of the socio-demographic profile and drug abuse patterns of drug dependents admitted for drug treatment in the six cities. The reporting period from which data were analyzed varied between the cities: Bangkok (January - September 1997), Kuala Lumpur (January - June 1997), Manila (January - September 1997), Hanoi (January - September 1997), Yangon (January - September 1996), Vientiane (April - December 1996). Law enforcement data that were reported by the cities for the same period are also described.

3. DEMOGRAPHIC CHARACTERISTICS OF CITIES

A comparison of selected demographic features of the cities is presented in **Exhibit 1**. Most of the cities provide recent updated census data. Bangkok has the largest population size of about six million followed by Hanoi (2.53 million) and Yangon (2.51 million). Both Manila and Kuala Lumpur have less than two million people, while Vientiane has slightly over half a million people. The proportion of male and female is almost similar within each city. There are variations in the distribution of age groups between the cities. For example, Hanoi and Bangkok have a larger proportion of the population who are 34 years and older. Kuala Lumpur, Manila, Yangon and Vientiane have a relatively younger population. This is indicated by the higher proportion of people who are below twenty years of age. The distribution of the marital status of the city populations is about similar. All the cities have a large proportion of people who are

single or married. Data on marital status was not collected for Hanoi. The data on number of people in the household was available only for Bangkok and Kuala Lumpur where household sizes were comparatively small ranging from 2 - 5 persons. Comparison of the levels of education of the city populations showed Kuala Lumpur, Hanoi and Vientiane having a higher proportion of its people with 7 - 12 years of education.

4. CROSS-CITY COMPARISON

4.1 Total Number Of Drug Treatment Admissions

The sources of data varied between the cities. Kuala Lumpur has reports of all drug dependents identified by both treatment and law enforcement agencies. No distinction was made between the two categories. Since most of the newly identified drug dependents are channeled into some form of treatment facilities in Malaysia because of mandatory treatment, reports are thus basically reflective of the treatment population. In the case of the other cities, information was obtained from treatment admissions. The number and capacity of treatment facilities available within each city differs. This is indicated by the substantial variation in total number of treatment admissions between the cities.

In Bangkok a total of 26,157 persons were admitted for treatment, (15,167 or 57.98% in specialized drug treatment facilities and 10,990 or 42.0% in primary or general health care) for the first 9 months of 1997. Of the total treatment admissions, 33.5% were new and the rest were readmissions. In 1995 and 1996, a total of 16,517 and 11,730 individuals were admitted for drug treatment, respectively. This indicates a marked increase in total admissions in 1997 compared to the two previous years.

For the first half of 1997, a total of 393 new drug dependents were detected for the first time in Kuala Lumpur. The total number in treatment for the year was 1,181.

In Manila, a total of 390 new treatment admissions were recorded for the period January to September 1997. The number of readmissions was only 60.

A total of 459 drug dependents were admitted into drug treatment facilities in Hanoi during the first three quarters of 1997. In the second half of 1995, 584 drug dependents were treated, significantly higher than the first six months. A three fold increase in treatment admissions was recorded for the first half of 1996 (i.e. 1,951 cases), out of which 90% were readmitted cases. A majority of the cases were reports from the community based treatment facilities. Since a gross figure was reported, there was no breakdown by quarters.

In Yangon, an aggregated total of 185 new drug dependents were admitted for treatment during the review period. For the period April - December 1996, Vientiane reported a

total of only 16 drug dependents admitted into its only primary and general health care center.

4.2 Patient Socio-Demographic Characteristics

More than 90% of the clients admitted for treatment, in the cities with the exception of Manila (86.7%), were males (**Exhibit 2**). This is suggestive of the severity of the drug abuse problem among the male population in all the cities. It must also be noted that the extent of the problem among females may not be reflected here because the existing treatment facilities in most of the cities are mainly for male drug dependents.

A comparison of the other characteristics of drug abusers among the cities indicated a rather wide variation, particularly with regard to employment status, the level of education and marital status where data was available. Most of the clients from all the cities who were admitted for treatment were between the ages of 20 and 34. All the cities except Hanoi and Yangon also have a larger percentage of teenagers who were admitted for treatment (ranging from 14.9% to 19.8%). Vientiane and Hanoi recorded the highest percentage of patients who were thirty five and older (47.1% and 30.7% respectively). Overall the age distribution of the drug abusers contacted within each city differed from that of the general population of the city. Comparing these two age group categories it is evident that the reported age-specific incidence rates of drug abuse cases is significantly higher among those between twenty and thirty four years of age when compared to the other age categories.

The distribution of employment status differed significantly between the six cities. Kuala Lumpur, Manila and Hanoi have the largest percentage of patients who were employed (96.0% and 79.2% and 83.8% respectively) prior to treatment admissions. Yangon (43.2%) and Vientiane (43.8%) and Yangon (43.2%) reported a large percentage of unemployed. A small percentage of clients that were reported from all cities (except Hanoi) were students.

Information on years of educational attainment revealed that a majority of drug abusers who were treated in most of the cities had between six and twelve years of education. Bangkok and Manila have a larger proportion (69.2% and 63.8% respectively) of those who had less than six years of education. Kuala Lumpur and Yangon have the highest percentage (78.7% and 73.5% respectively) of patients who had more than twelve years of education. A majority of the drug abusers from each city (except Vientiane) were unmarried.

Data on distribution of patient ethnicity was available for Kuala Lumpur and Bangkok for the current reporting period. In Kuala Lumpur about half of the addicts who sought treatment were Malays, 58.5%. The proportion of Indian addicts showed an increase of about 5% over the previous period; while the Chinese addicts increased from 7.6% to 18.0%. In Bangkok, distribution of patient ethnicity showed nearly all treatment

admissions as Thai origin (96.2%) while hill tribes, Asians and Europeans made up the rest. Data on patient religion was available for Bangkok only; about 95.6% of the addicts were Buddhists.

The differences in the background characteristics of drug abusers is an indication of the types of drug abusers that were contacted by treatment facilities or other governmental agencies in each city. They may or may not represent the general drug abuser population within each city.

4.3 Pattern Of Drug Use

Opiate type drugs were widely abused in all cities with the exception of Manila and Vientiane (**Exhibit 3**). Heroin was the primary opiate and drug of abuse among drug dependents who were contacted by treatment facilities in Bangkok (77.2%), Kuala Lumpur (51.5%), Hanoi (57.0%) and Yangon (93.5%). A variety of opiates were abused among treatment admissions in Hanoi. Opium use was predominant with 43.0% who have reported its use. Opium addiction, however, is rare in the other cities. Only Yangon reported a larger percentage (1.6%). Reports on morphine abuse was only from Kuala Lumpur (12.4%).

Cannabis abuse among addicts admitted for treatment is widespread in Kuala Lumpur (34.7%) and Manila (21.4%). The abuse of cannabis was minimal in Bangkok (1.1%).

Manila is the only city which recorded a highly varied pattern of drug abuse. A variety of other non-opiate drugs were abused. Amphetamines was top on the list with 37.0%, of patients reporting its use, followed by alcohol (21.2%) and cough syrups (12.0%). Solvents (1.4%) were also abused, but to a much lesser extent. Abuse of psychotropic substances such as benzodiazepines and analgesics were also reported (7.1%). Polydrug use was widespread where all the patients had reported such a feature of use.

The mode of drug administration varied substantially among the cities where heroin was the primary drug of abuse. Smoking or 'chasing the dragon' was the most common route of administration in Kuala Lumpur (92.4% of patients) with a lesser extent in Bangkok (32.8%). Injecting drug use was the main feature in Bangkok (62.4%) and Hanoi (49.6%). Inhalation/smoking was popular in Hanoi (50.4%) and to a lesser extent in Vientiane (18.8%). In this city, it was also observed that the majority of addicts were taking drugs orally (81.3%). Only 5.3% of patients in Kuala Lumpur reported injecting use. Only Bangkok reported a small number of patients (0.7%) using multiple routes of drug administration. Data on route of administration was not collected in Manila and Yangon.

Street sales was the primary source of drugs in Manila, while data was not available for all the other cities.

4.4 Drug-Related Offenses

Law enforcement indicators such as drug seizures and drug-related arrests are influenced by enforcement priorities, availability of resources as well as policy. Thus changes in these indicators may be result of changes in the above factors rather than real changes in the extent of the problem. The total number and rate per 100,000 of persons arrested for drug-related offences varied substantially between the cities. These differences may be a reflection of the extent of police activities or law enforcement in each city. The wider policy and legal aspects associated with drug abuse may also be influencing factors.

Bangkok has the highest number (16,155) and rate (274.63 per 100,000 population) of arrests for drug-related offences when compared with the other cities (**Exhibit 4**). Kuala Lumpur recorded the next highest rate (71.08 per 100,000 population. Among the rest of the cities, Hanoi and Manila reported higher figures i.e., 68.9 and 53.54 respectively when compared with the previous period. Vientiane recorded the lowest rate of 29.89 per 100,000 population. Variation in duration of reporting should be considered when comparing the rates.

The types of drug-related offences also differed greatly between the cities. Arrests for use/consumption is the most predominant form of offence in the cities of Bangkok (44.6%) and Kuala Lumpur (33.5%). Hanoi showed the highest figure of 81.3% for arrests for use/consumption. Arrests for possession is high in Bangkok (43.5%). Kuala Lumpur had reported a sizable percentage 19.7% and 14.7% of arrests for sales and possession of drugs respectively. Arrests for trafficking were significant in Manila (25.7%), Kuala Lumpur (22.6%), Hanoi (18.8%) while Vientiane recorded nearly all arrests (93.1%) as drug trafficking offences. Data on arrests for drug related offences were not available for Yangon.

4.5 Drug Seizures

The types and quantity of drugs that were seized varied between the cities. A variety of drugs were seized in Bangkok between January to September 1997. They include 2.201 kilograms of opium, 88.13 kilograms of heroin, 107.74 kilograms of cannabis, 375.67 kilograms of amphetamines, 34.17 kilograms of solvents, 14.25 kilograms of psychotropic substances and 112.35 kilograms of kratom plants. In Kuala Lumpur 60.123 kilograms of opiates (mostly heroin), 380.14 kilograms of cannabis and 1,531 psychotropic pills were seized during the three quarters of 1997. The seizures of psychotropic pills continued to be significant over the last two reporting periods. During the reporting period, 453 Ecstasy pills were seized. Cannabis (306.81 kilograms) and amphetamines (54.861 kilograms) were seized in Manila over the reporting period (**Exhibit 4**).

In Hanoi 87.6 kilograms of opiates and 7.2 kilograms of heroin were the only reported drug seizures during the reporting period. Vientiane had reported a significant increase of

3,808.10 kilograms of cannabis, 190.30 kilograms of opium and 56.35 kilograms of heroin during the reporting period.

4.6 Health And Social Indicators

Information on these indicators was incomplete in most of the cities. Drug-related HIV cases were reported by Bangkok, Yangon and Manila. In Bangkok, a total of 3,028 HIV cases and 7,013 AIDS cases were detected over the period September 1984 to September 1997. About 12.8% of these HIV/AIDS cases were drug-related. In Yangon, 115 drug-related HIV cases were detected in 1994. There were also reports of 79 drug-related psychological cases and 4 drug-related deaths. By September 1997, Hanoi recorded a total of 60 HIV/AIDS cases. Manila had reported 61 HIV/AIDS cases and 28 drug-associated psychological cases for January - September 1997. During the reporting period Vientiane recorded 87 HIV/AIDS cases and 6 deaths; none were drug-related.

Exhibit 1

A Comparison Of Selected City Demographic Indicators

INDICATORS	BANGKOK	KUALA LUMPUR	MANILA	HANOI	YANGON	VIENTIANE
	1990	1991	1995	1996	1994	1995
TOTAL POPULATION OF CITY/METROPOLITAN	5,882,411	1,145,075	1,654,761	2,526,600	2,513,023	531,800
	%	%	%	%	%	%
Sex						
Male	48.1	51.0	49.9	49.8	50.2	50.4
Female	51.9	49.0	50.1	50.2	49.8	49.6
Age						
< 15	21.5	36.8	31.3	29.6	33.6	37.2
15 - 19	11.3	13.2	11.3	9.9	12.1	11.7
20 - 34	36.2	37.5	31.5	25.0	26.9	26.3
> 34	31.0	12.5	25.9	35.5	27.4	24.8
No. of People in Household						
1	7.9	8.7	NA	NA	NA	NA
2-5	68.0	61.4				
6-10	22.2	28.0				
11+	1.8	1.9				
No. of Years of Education						
0	6.7	24.7	NA	9.0	19.2 (0)	24.1
1-6	46.2	34.2		39.0	34.7 (1-4)	28.7
7 -12	29.4	37.5		42.0	28.8 (5-8)	34.0
>12	17.6	3.6		8.8	11.3 (9-10)	13.6
Not Stated				1.2	5.9 (10+)	
Marital Status						
Single	45.8	50.6	46.6	NC	46.8	59.3
Separated	2.6	0.8	0.6		1.6	1.7
Married	47.4	44.8	48.7		45.6	35.2
Widowed	3.9	3.8	3.8		5.1	2.4
Others	0.3	0.0	0.3		0.9	1.4

NA - Not Available
NC - Not Collected

Exhibit 2

Demographic Characteristics Of Drug Abusers By City

CHARACTERISTIC	BANGKOK	KUALA LUMPUR	MANILA	HANOI	YANGON	VIENTIANE
	Jan - Sep 97	Jan - Jun 97	Jan - Sep 97	Jan - Sep 97	Jan - Sep 96	Apr - Dec 96
	N=26,157 Total %	N=393 New %	N=390 New %	N=459 Total %	N=185 New %	N=16 Total %
Sex of Patient						
Male	97.5	98.7	86.7	NC	98.4	100.0
Female	2.5	1.3	13.3		1.6	-
Patient Age						
< 15	0.6	1.0	5.4	0	0.0	-
15 - 19	15.1	19.8	14.9	0.1 (18-19)	7.6	17.6
20 - 34	59.5	65.0	68.2	63.2 (20-30)	82.2	35.3
> 34	24.7	14.2	11.5	30.7 (>30)	10.3	47.1
Patient Employment Status						
Employed	62.4	96.0	79.2	83.8	46.5	43.8
Unemployed	27.5	6.2	13.8	16.2	43.2	43.8
Students	10.1	0.9	6.9	-	10.3	12.5
No. of Years of Education						
0	4.9	2.7	0	0.9	1.1	
< 6	69.2	18.2	63.8	4.4	9.2	NA
6-12	21.4	78.7	21.7	38.6	73.5	
> 12	4.5	0.9	8.7	56.1	16.2	
Not Stated	-	-	5.9			
Patient Marital Status						
Single	61.4	NA	55.1	51.8	64.9	23.5
Separated	4.0		4.9	0	3.2	5.9
Married	31.1		31.8	48.3	31.9	70.6
Widowed	3.5		0	0	0.0	-
Live-In	-		8.2	0	0.0	-
Patient Ethnicity						
Nationals	99.3	100.0	NA	NC	NA	NA
Foreigners	0.5	0				
Patient Religion						
Islam	2.7					
Christian	1.2					
Buddhist	95.6					
Others	0.5					

NA - Not Available
NC - Not Collected

Exhibit 3

Types Of Drugs Abused, Route Of Drug Administration And Drug Sources By City

CHARACTERISTIC	BANGKOK Jan - Sep 97	KUALA LUMPUR Jan - Jun 97	MANILA Jan - Sep 97	HANOI Jan - Sep 97	YANGON Jan - Sep 96	VIENTIANE Apr - Dec 96
	N=26,157 Total	N=393 New	N=390 New	N=459 Total	N=185 New	N=16 Total
	%	%	%	%	%	%
Primary Drug of Abuse						
Opiate Type			-			
Opium	4.9	0.9	-	43.0	1.6	-
Morphine	0	12.4	-	0	-	-
Heroin	77.2	51.5	-	57.0	93.5	5.9
Others	-	-	-	-	4.3	-
Cannabis Type	1.1	34.7	21.4	-	-	-
Cocaine Type	0	-	0	-	-	-
Amphetamines	14.3	-	37.0	-	-	-
Solvents	2.1	-	1.4	-	-	17.6
Alcohol	-	-	21.2	-	-	76.5
Cough Syrups	-	-	12.0	-	0.5	-
Psychotropic Subs.	0.4	1.9	7.1	-	-	-
Poly Drug Users	8.3	-	100.0	-	-	
Route of Administration						
Inhalation	0	0	NA	50.4 (inh/smk)	NA	18.8
Injection	62.4	5.3		49.6		-
Oral	1.9	2.3		-		81.3
Smoking/Chasing	32.8	92.4		-		-
Sniffing	2.2	0		-		-
Multiple	0.7	-		-		-
Drug Sources						
Street Sales	NA	NA	72 - 81%	NA	NA	NA
Legal Prescription			2 - 6%			
Diversion of Prescription			3 - 12%			
Others			7 - 9%			

NA - Not Available

Exhibit 4

Law Enforcement Indicators By City

INDICATORS	BANGKOK Jan - Sep 97	KUALA LUMPUR Jan - Jun 97	MANILA Jan - Sep 97	HANOI Jan - Sep 97	YANGON Jan - Sep 96	VIENTIANE Apr - Dec 96
No. of Persons Arrested For Drug-Related Offences	16,155	814	886	1,765	NA	159
Rate Per 100,000 Population	274.6	71.1	53.5	68.9		29.9
	%	%	%	%	%	%
Arrests For Use/Consumption	44.6	33.5	29.9	81.3		-
Arrests For Possession	43.5	14.7	16.6	-		6.9
Arrests For Sales	11.6	19.7	16.5	-		-
Arrests For Trafficking	0.2	22.6	25.7	18.8		93.1
Other Drug-related Offences	0.1	9.5	11.3	-		-
Quantity of Drug Seized (Kg)						
Opiate Type	-	0.003	0	87.6	NA	
Opium	2.201	-	-	-		190.30
Heroin	88.13	60.12	-	7.2		56.35
Cannabis Type	107.74	380.14	306.81	-		3808.10
Cocaine Type	-	-	0	-		-
Amphetamine Type	375.67	-	54.861	-		7.50
Solvents/Inhalants	34.17	0	-	-		-
Other Drugs (Psychotropic Subs.)	14.25	1531 pills	0.004	-		-
Kratom Plants	112.35	-	-	-		-
Phensedyl (Litre)	-	-	-	-		-
Comethazine	-	-	-	-		-

NA - Not Available

PART 3

DRUG ABUSE INDICATOR REPORTING INSTRUMENT

PUBLICATIONS OF THE CENTER FOR DRUG RESEARCH

ASIAN COUNTRIES

MULTICITY EPIDEMIOLOGY STUDY

City / Metropolitan Name : _____

Period of Reporting : _____

Compiled by : _____

Name of Agency : _____

Please return the completed questionnaire to :

The Director
Center for Drug Research
Universiti Sains Malaysia
11800 Penang, Malaysia

Tel. No. : 604-6577888
Telefax : 604-6577957
Telex : MA-40254
Cable : UNISAINS

ASIAN MULTI-CITY EPIDEMIOLOGY STUDY

A. GENERAL POPULATION DEMOGRAPHIC INDICATORS*

* (data from most recent Census. State year _____
(To be completed once / year)

1. Total population of City / Metropolitan _____

		N	%
2.	Sex: Male	_____	_____
	Female	_____	_____
3.	Age** Under 15 years old	_____	_____
	15 - 19 years	_____	_____
	20 - 34 years	_____	_____
	35 - 44 years	_____	_____
	45 + years	_____	_____

(** or specify other similar age brackets)

4. Ethnic Groups
(specific for major groups)

Ethnic "A"	_____	_____	_____
Ethnic "B"	_____	_____	_____
Ethnic "C"	_____	_____	_____
Other (specify:	_____)		

5. Religion Groups
(specific for major groups)

Religion "A"	_____	_____	_____
Religion "B"	_____	_____	_____
Religion "C"	_____	_____	_____
Other (specify:	_____)		

		N	%
6.	Marital Status		
	Single, never married	_____	_____
	Separated / divorced	_____	_____
	Married	_____	_____
	Widowed	_____	_____
	Other	_____	_____

7. Occupational Categories [List according to Census]

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. Number of Years of Education

Zero	_____	_____
1 - 6	_____	_____
7 - 12	_____	_____
13 +	_____	_____

9. Annual Per Capita Income
(local currency) (please define it as in the Census Report) _____

10. Other Comments: _____

_____

_____

B. DRUG TREATMENT INDICATORS

		TYPE OF TREATMENT FACILITY			
		Prison	Specialised Drug Treatment	Primary / General Health Care	Other
1a.	Total Number of Available Treatment Facilities in the City				
1b.	Total Number of Treatment Facilities from which Information is Collected				
2.	Total Number in Drug Treatment Facilities in the City				
3a.i	Number of Institutional Admissions (in-patient)				
	- New admissions				
	- Readmissions				
	- Total Admissions				
ii	Number of Non-Institutional Admissions (out-patient)				
	- New admissions				
	- Readmissions				
	- Total Admissions				
3b.	Number of Patients by Primary Drug of Abuse				
	Opium type				
	Opium				
	Morphine				
	Heroin				

B. DRUG TREATMENT INDICATORS

	TYPE OF TREATMENT FACILITY			
	Prison	Specialised Drug Treatment	Primary / General Health Care	Other
Codeine				
Pethedine				
Pentadzocine				
Buprenorphine				
Others (specify)				
Cannabis type				
Cocaine type				
Hallucinogens (e.g. LSD)				
Amphetamine				
Sedative hyponotics (e.g. barbiturates, methaqualone, etc.)				
Tranquilisers (e.g. benzodiazepines, etc.)				
Solvent / Inhalant				
Alcohol				
Other (specify)				
3b.i Number of Poly-drug users				
3b.ii Number of patients by secondary drug of abuse (specify type:)				
3c. Sex of Patients				
Number of Males				
Number of Females				

B. DRUG TREATMENT INDICATORS

	TYPE OF TREATMENT FACILITY			
	Prison	Specialised Drug Treatment	Primary / General Health Care	Other
3d. Patient Age				
Under 15 years				
15 - 19 years				
20 - 34 years				
35 - 44 years				
45+ years				
3e. Patient Ethnicity (specify)				
a _____				
b _____				
c _____				
d _____				
3f. Patient Religion (specify)				
a _____				
b _____				
c _____				
d _____				
3g. Patient Marital Status				
Single, never married				
Separated / divorced				
Married				
Widowed				
Other				

B. DRUG TREATMENT INDICATORS

	TYPE OF TREATMENT FACILITY			
	Prison	Specialised Drug Treatment	Primary / General Health Care	Other
3h. Patient Occupation				
Professionals				
Managers / Administrators				
Sales & clerical workers				
Drivers / Transport workers				
Agrobased workers				
Unemployed				
Self-employed				
Student				
Others (specify)				
3i.1 Route of Admin./Use				
Inhalant (gases, volatile substances)				
Injection				
Oral (through the mouth)				
Smoking / 'chasing'				
Sniffing / snorting (nasal)				
Other (specify)				
3i. 2 Number of patients using multiple routes				
3j. Drug Sources				
Street sale				
Over-the-counter				
Prescription				
Diversion of prescription drugs				
Other (specify)				

B. DRUG TREATMENT INDICATORS

	TYPE OF TREATMENT FACILITY			
	Prison	Specialised Drug Treatment	Primary / General Health Care	Other
3k. Living Arrangements				
Alone	____	____	____	____
Living with family / other relative	____	____	____	____
Living with friends / colleagues	____	____	____	____
Other (specify)	____	____	____	____
3l. Number of years of Education				
Zero	____	____	____	____
1 - 6 years	____	____	____	____
7 - 12 years	____	____	____	____
13 + years	____	____	____	____

4. Other Comments / Observations: _____

_____

_____

_____

C. LAW ENFORCEMENT INDICATORS

1. Total Number of Persons Arrested for Criminal Offences _____

2. Number of Persons Arrested for Drug-Related Offences
   - a. Arrests for use / consumption _____
   - b. Arrests for possession _____
   - c. Arrests for sales _____
   - d. Arrests for trafficking _____
   - e. Arrests for conspiracy _____
   - f. Other drug-related offences _____
     (Please specify: _____)

3. Number and Quantity of Drug Seized by Drug type

	No. of seizures	Quantity (kg/# of pills / vol.)
Opiate type		
Opium	____	____
Morphine	____	____
Heroin	____	____
Codeine	____	____
Pethedine	____	____
Pentazocine	____	____
Buprenorphine	____	____
Cannabis type	____	____
Cocaine type	____	____
Hallucinogens (e.g. LSD)	____	____
Amphetamines	____	____
Sedative / hynotics (e.g. barbiturates, methaquaolone, etc.)	____	____
Tranquilisers (e.g. benzodiazepines, etc.)	____	____
Solvents / Inhalants	____	____
Alcohol	____	____
Other (Specify)	____	____
	____	____

4. Drug Production Crimes

	a	b	c	d	e	
Amount of drug seized in a manufacturing facility (kg / # pills / volume)	___	___	___	___	___	___
Number of labs. destroyed	___	___	___	___	___	___
Amount Destroyed (kg / # / vol. acreage)	___	___	___	___	___	___
Arrest for cultivation (person)	___	___	___	___	___	___
Arrest for manufacture (person)	___	___	___	___	___	___

Note:
- a - Opium
- b - Heroin
- c - Marijuana
- d - Amphetamines
- e - Other drug, (specify as many as applicable) _____

5. Traffic Accidents

		Source(s) of Information
a. Total Number of Traffic Accidents	_____	_____
b. Number of Crashes Caused by Drivers under the Influence of:		
Alcohol	_____	_____
Narcotic drugs	_____	_____
Psychotropic substances	_____	_____

6. Other Comments: _____

_____

D. HEALTH INDICATORS

		Source(s) of Information
1a. Number of HIV - Positive cases AIDS cases	_____	_____
1b. Number of Drug-Related HIV-Positive Cases AIDS Cases	_____	_____
2a. Number of Psychological Cases	_____	_____
2b. Number of Drug-Associated Psychological Cases	_____	_____
3a. Number of Emergency Room Cases	_____	_____
3b. Number of Drug-Related Emergency Room Cases	_____	_____
4a. Number of Deaths	_____	_____
4b. Number of Drug-Related Deaths	_____	_____

		Source(s) of Information
5. Other Health Indicators (specify)	_____	_____

6. Other Comments: _____

_____

E. SOCIAL INDICATORS E.G. DATA FROM FAMILY, WORKPLACE, SCHOOL, ETC.

[(Optional] (Attach as Annex, data from qualitative research studies / exploratory studies or surveys)

F. OTHER COMMENTS:

_____

_____

_____

_____

ASIAN MULTI-CITY EPIDEMIOLOGY STUDY

INSTRUCTIONS FOR COMPLETING THE REPORTING FORMS

General

1. City/Metropolitan Name:- Each reporting City is identified by this item. If data available to you covers a larger area than the city limits then, please report data for the metropolitan area. Specify whether report is on city or metropolitan area.

2. Period of Reporting. This refers to the period when information is collected.

3. Where no information is available, use NA

4. Where information is available but not accessible or not collected use NC

5. When reporting numbers, do not use - for missing, zero (0). If missing indicate NA and if no cases reported, 0 (zero).

6. Please ensure all items in the reporting forms are completed to the best of your ability. Where gaps occur please send other sources of information which may include a small area survey or survey among students, etc.

7. Please provide all sources of information.

REPORT FORM INDICATORS

Item		Explanation
A.	GENERAL POPULATION DEMOGRAPHICS	All the data referred to under this section (A1-A10) is City/Metropolitan data and not national data and needs to be provided only once a year. Bear in mind this is a city epidemiology study and all the relevant demographic variables reported should be for the city. This data should be available from the census, and where information is outdated, please provide latest estimates if available. Please give the numbers and percentage for all items.
1.	Total Population of City/Metropolitan	This refers to the residential population population. Please give latest year of census or estimate.
2.	Sex	Please indicate as required.
3.	Age	Please use categories provided as far as possible. If it is not similar to your city's census, please specify age brackets according to your census data.
4.	Ethnic Groups	This refers to race and not religion.
5.	Marital Status	Provide data according to given categories.
6.	Occupational Categories	List categories as used in your census.
7.	Number of Years of Education	Please indicate accordingly
8.	Annual Per Capita Income	Please provide per capita Income data. If this is not available please provide alternately household income or personal income figures and this has to be clearly stated.
9.	Other Comments / Problems	Please specify source of and give details of problems encountered in data collection. If you need to provide clarification on any of the items in this section, please indicate.

B.	DRUG TREATMENT INDICATORS	Should try to include all forms of drug treatment facilities; private or government. Specialised drug treatment centres are facilities solely for drug treatment. Primary health/General health care refers to medical facilities which provide some treatment for drug related cases.
1a.	Total Number of available facilities in the city	Please indicate according, to prison, specialised drug treatment primary / general health care, or other.
1b.	Total number of treatment facilities from which information is collected.	Specify as in 1a above
2.	Total Number in Treatment	Please indicate total number of clients treated in treatment facilities, etc. over the whole period reporting.
3ai.	Number of Institutional Admissions(in-patient)	This is the total for the whole period. If possible, indicate if they are new or readmissions. New admissions are persons admitted for the first time to that facility and not to other (not ever).
3aii.	Number of Non-Institutional Admissions (out-patients)	This is the total for the whole reporting period. If possible, indicate if they are new or readmissions. New admissions are persons admitted for the first time to that facility.
3b.	Number of Patients by Primary Drug of Abuse	To indicate only primary drug of abuse. If patients are poly-users to indicate under 3b(i).

3bi.	Poly-drug users	Indicate number of patients who used more than one drug during the 30 days prior to admission.
3bii.	Number of patients by secondary drug of abuse	This is an optional item. If information is information is available indicate types of secondary drugs that are abused by patients.

ALL INFORMATION FOR ITEMS 3c TO 3k TO BE COLLECTED FOR ALL ADMISSIONS (NEW AND OLD)

3c.	Sex of Patients	Please indicate as required.
3d.	Patient Age	Please use categories provided.
3e.	Patient Ethnicity	This refers to race and not religion.
3f.	Patient Marital Status	Please indicate according to categories provided.
3g.	Patient Occupation	Please indicate according to categories provided. Agrobased workers refers to people involved in either cultivation / farming or fishing. Self-employed refers to those who run their own business.
3h.	Route of Administration	Please indicate according to categories provided.
	Inhalation	Refers to inhalation of gases / volatile substance, e.g. glue.
	Injection	Refers to all types of injections, i.e. I.V., intramuscular, under the skin, etc.

	Oral	Refers to chewing or swallowing.
	Smoking	Includes `chasing the dragon' method.
3i.	Drug sources	To specify primary source of drugs for patients
3j.	Living arrangement	Refers to whom patient is living with at time of treatment admission.
3k.	Number of years of education	Please indicate accordingly.
C.	LAW ENFORCEMENT INDICATORS	This set of indicators refer to drug-related police activities and other information on sales, production and trafficking of drugs.
1.	Total persons arrested criminal offences	Please provide information if available. Data Data can be reported for the reporting period. If this is not available, total cumulative figure for the year could be reported.
2.	Number of Drug-Related arrested	Please provide information according to types of arrest.
3.	Number and Quantity of Drug Seized by Drug Type	Please provide data according to drug type and indicate the measure for quantity, i.e. kg or number (#) or litres. For `other drug', please specify each type in columns provided.

4.	Drug Production Crimes	
	Amount of Drug Seized in a Manufacturing Facility	Please provide data according to drug type and indicate the measure for quantity, i.e. kg. or number (#) or litres.
	Number of Lab. Destroyed	Please indicate the number of labs. destroyed for the reporting period.
	Amount Destroyed	Please state the amount destroyed and indicate the measure per quantity.
	Arrest for Cultivation	Please state the number of persons arrested for cultivation for the reporting period.
	Arrest for Manufacture	Please state the number of persons arrested for manufacture for the reporting period.
5.	Traffic Accidents	a. If available, please provide data on total number of traffic accidents. b. Please provide data for the number of accidents caused by drivers under the influence of drugs according to the categories provided.
D.	HEALTH INDICATORS	If information on these items is not systematically collected, please report on any information available and source of information.
1a.	Number of HIV Positive/AIDS cases	Number of cases who have been found to be HIV - positive or having AIDS.

1b.	Drug-Related HIV-Positive / AIDS cases	Number of drug-related cases who have have cases been found to be HIV-Positive or having AIDS.
2a.	Number of Psychological Cases	This refers to total psychological cases / mental disorders.
2b.	Drug Associated Psychological Cases	Drug associated mental disorders such as Psychological Cases such as drug psychoses, depressions, etc. (Please exclude drug withdrawal or intoxication cases).
3.	Drug-Related Emergency Room Cases	Cases related to drug over-dose and as well as other drug related medical complications.
4.	Number of Drug-Related Deaths	Deaths related to the above.
5.	Other Health Indicators	If information on other indicators is available (e.g. hepatitis, TB.) please indicate here.
E.	Social Indicators	These are optional items. If information from family, workplace, schools, etc. is available please indicate.
F.	Other Comments	Please provide any other comments concerning data collection data sources and data items.

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